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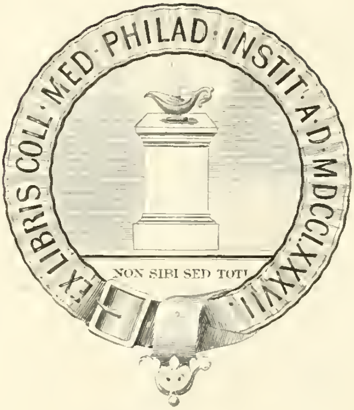

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THE

AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

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LOUISVILLE:
JOHN P. MORTON AND COMPANY,
PUBLISHERS.

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THE AMERICAN PRACTITIONER.

JULY, 1875.

> Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A MEMOIR OF THE LIFE AND WRITINGS OF DR. JOHN ESTEN COOKE.*

BY LUNSFORD P. YANDELL, M. D.

A physician whose fame as a writer and practitioner long filled Kentucky was Dr. John E. Cooke, who succeeded, in 1827, to the chair of Theory and Practice of Medicine in Transylvania University on the retirement of Dr. Drake. Before coming to Kentucky Dr. Cooke had acquired in Virginia a high reputation as a practitioner of medicine, and had made himself favorably known to the profession as a writer by a remarkable essay on autumnal fever, published in the Medical Recorder for 1824. This paper attracted much attention by the boldness of the practice recommended in fever, and by the clearness with which the author pointed out the different effects of cathartic medicines. It contained the germ of the more elaborate work, the first volume of which followed it in a few years, his "Treatise of Pathology and Therapeutics," which gave him a place among the great medical thinkers of his times.

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* From a Report on the Medical Literature of Kentucky read before the State Medical Society, May 7, 1875.

The accession of Dr. Cooke to the medical department of Transylvania University, then the controlling medical school of the West, forms an era not in the medical history of Kentucky alone, but in the medical history of the Southwest. By Brown and Drake, his predecessors, the theory and practice of medicine had been taught as they are laid down in the books. These teachers were wedded to no system, but selected what seemed to them most judicious and valuable wherever they found it, Brown especially, as has before been remarked, changing his instructions from year to year as he was captivated by successive authors. Cooke came to the school with a theory and a practice of his own. His students, instead of the nosologies and methods of their text-books, were startled by being introduced to a novel pathology under which diseases were to be arranged and treated. All was simplified in his hands. "A number of the intelligent and inquisitive of the class were struck with the novelty of the course pursued, and visited him," he says, "during the winter, and were very urgent to know what doctrine or theory he had in view."

Soon after he removed to Lexington Dr. Cooke published the second volume of his "Treatise." This work—abounding in facts, the result of twenty-five years of study and observation, and written with a clearness and a logical force seldom equaled in books on medicine—has long been out of print, and is now seldom read. It is a remarkable work. In the simplicity and perspicuity of its style, and as a specimen of inductive reasoning, it will compare favorably with any thing to be found in the whole range of medical literature. In these respects it is a model in its way. The theory which it sets forth, though not absolutely new, was original with Dr. Cooke. He framed it, he states in his preface, during his long and solitary rides while pursuing the practice of physic in Virginia, before he had ever seen the writings of Parry, Armstrong, or James Johnson, who anticipated him in some features of his theory; and he exhibits it with a fullness and a completeness, sustained by an array of facts and a compactness of argument, such as are not to be found in any of these writers. As his book is nearly inaccessible, I will venture to give an outline of his theory and practice, much of it in his own forcible language.

According to this theory, all general disease is an approximation, more or less remote, to death. In death the arteries are diminished, the extremities shriveled, and a great portion of the blood engorged in the right side of the heart and in the great venous cavities of the body. The chill which precedes a fever furnishes an instance of a rapid approach to this state. The pallor, the coldness, the shrunken extremities, the diminished arterial action, present a very ominous counterfeit semblance of death; and unless that condition was changed there would be no counterfeit, but the reality. Fever is the result of the vital force repelling with urgent violence the insidious mischief, the creeping death. Unless the fever supervenes, death must ensue.

The first proposition Dr. Cooke lays down in regard to the phenomena of fever is that the remote causes weaken the action of the heart, cold and miasmata being the chief. Currie demonstrated that cold water rendered the pulse feeble and languid in a man who had been long immersed in it. Miasmata produce a similar effect. It is a matter of common observation that blood drawn from persons who have been exposed to miasms is darker than usual; it is often nearly black even in those who are not ill. Black blood does not stimulate the left ventricle of the heart as the scarlet blood does. It is therefore impelled into the arteries with less force, and accumulates in the vena cava and its great branches. Some of the immediate effects of this accumulation are vertigo, stupor, headache, convulsions; derangement of function in the liver, stomach, intestines. The accumulation at length gives rise to convulsive agitation of the body, as in ague; the blood is urged vehemently on to the heart, which is excited to more vigorous action by the increased supply of blood, and the hot stage is developed. The difference between remittent and intermittent fevers arises out of difference in the excitability of the heart, which is so much greater in the former that the blood is not allowed to accumulate in such quantity as to produce an ague, as in the latter. All autumnal fevers are but varieties of one disease, and typhus, typhoid, and yellow fevers, plague, cholera, and dysentery are modifications of the same. Dyspepsia, liver-complaints, and many of the diseases peculiar to females depend upon congestion of the vena cava, and are amenable to the same plan of treatment.

This is an outline of his theory. His therapeutics are as simple as his pathology. The great indication is to remove the congestion of the large internal veins, and this is to be effected mainly by cathartics. Occasionally venesection is beneficial; emetics are sometimes useful as evacuants; cold water is very effectual in reducing the action of the heart, and nauseants are also admissible with the same view; but the main reliance is upon evacuating the liver. Calomel stands incomparably first as a cholagogue, and is *the* remedy. It is not a matter of indifference what purgatives are given to aid its action; all are to be avoided that induce watery discharges. The passages must be consistent; in other words, bilious; and, after calomel, the articles most to be relied on for bringing about bilious purging are aloes, rhubarb, jalap, and scammony, which stand in this respect in the order enumerated. The calomel is to be given in sufficient doses, and repeated until the evacuations become natural or the patient is well.

"When it is found necessary to rely on calomel alone, it is to be remembered," he says, "that the patient's life is staked on the issue. Time should not be lost in insignificant efforts. Every dose fruitlessly administered renders the situation of the patient more alarming, because it is propelling him toward ptyalism (the only bar to the administration of this medicine in sufficient quantity to cure every autumnal fever), and thereby cramps the subsequent efforts of the physician through fear of the consequences. I have in these circumstances given with the best effect a drachm of calomel. It produces a copious tenacious or viscid discharge of a deep-green or nearly black color, and affords the most marked relief; in short, it produces the same effect in these desperate cases that a common dose produces in a common case."

All the phenomena of fever depending upon this congestion, whether it be an intermittent, a remittent, or typhus fever, give way as soon as the accumulation of blood in the vena cava is removed by bilious purging; and Dr. Cooke consequently found no place in his pathology for the introduction of tonics. He says, "He who tries the plan of using such cathartics as produce consistent evacuations from the bowels daily until the discharges become natural in color, etc., will be convinced that tonics are utterly unnecessary." In a severe epidemic of intermittent fever in 1823 he "failed in only two cases," in neither of which was the purgative treatment fairly tried; and in subsequent years similar success followed the administration of pills containing calomel, rhubarb, and aloes, of each two grains, given "two hours before the next cold fit was expected." In a single case of great violence he deemed it prudent to give a saturated solution of arsenic with a view to preventing, if possible, another fit; but ordinarily purgatives are greatly to be preferred, as obviating the "enlarged viscera, œdematous swellings, etc., which when bark, quinine, or arsenic is used sometimes remain."

In some cases of fever Dr. Cooke administered a drachm of calomel at a dose, and repeated it until the patient had taken in twenty-four hours as much as two hundred and forty grains. A young lady was thus treated in 1826. After this quantity had been given she seemed much relieved, but to avert the danger of salivation he thought it prudent to administer jalap and cremor tartar. At night they were thrown up without having produced any purgative effect. "She then took a drachm of calomel, and repeated it until she had taken five doses in the course of the night and morning, with the same fine effect in producing abundant bilious discharges, and with remarkably good effect on the symptoms generally." Still, uneasy about ptyalism, he gave her cremor tartar all day, but at night it was thrown up as before without moving the bowels. "My fears of the consequence of continuing to give the only medicine which offered any prospect of saving her," he adds, "held my hand, and she continued to vomit till death relieved her. I reproached myself on her account afterward, and felt conscious that fear of a remote and uncertain evil had induced me to stand and see her die without doing for her all I might have done. I was convinced she would not have died had the calomel been continued."

He continues: "I have been led to the statement of these extraordinary cases by *a sense of duty*. It had been said 'thousands die of medicable wounds.' Thousands of thousands, I am fully persuaded, die of fevers that might be cured. I have known many perish for want of free bilious discharges whom a small increase of the ordinary quantity of medicine would have saved. If cases so violent as to require drachms of calomel to effect an operation terminate with the same success when that operation is effected, as milder cases, how many people die for want of a proper operation who might be saved by a single drachm!"

During the winter of 1827–8 the medical faculty determined to set on foot a journal of medicine, and accordingly on the 1st of February the first number of the "Transylvania Journal of Medicine and the Associate Sciences" was issued at Lexington, under the editorial direction of Dr. Cooke and Dr. Short. The papers contributed to the journal by Dr. Cooke during its first years were numerous, and all were of that substantial, practical character for which as a writer he was noted. His accurate scholarship contributed largely to the high literary tone of the journal. His first contribution contains the "Theory of Fever," of which an outline has been given. It is to be found in the first number, and in the same volume* he has an essay on cholera infantum, its pathology and treatment. He refers this disease to the same cause that excites autumnal fevers, and treats it in a similar way. He combats with unanswerable arguments the notion that the complaint is caused by dentition, summer fruits, worms, cold, heat, or any one of these unaided. That the cause is malaria he shows by a multiplicity of evidence. Calomel is the curative agent. "As soon as consistent passages are established the copious, thin discharges cease." "So striking is the quieting effect of a dose of calomel tha- parents have often inquired if there was not opium in the powder. The medicine must be continued daily until the passages become entirely natural in color, consistence, and smell. The diet may be any thing that the child desires and can retain."

In the same volume of this journal Dr. Cooke has an essay on autumnal diseases, in which he goes elaborately into the remote cause, adducing an immense mass of facts in proof of their miasmatic origin. This is one of the most logical papers any where to be found on that subject. If the author has not established the position, no future writer may hope to establish it. He has cited facts from every medical writer who had touched on the subject, and presents them with singular clearness and force.

This essay is followed, in the same journal, by one on "Winter Epidemics," which he traces to the same remote cause. Persons in a neighborhood where miasmata abound are still under their influence, many on the verge of an attack of fever at the access of cold weather. When winter sets in there is another remote cause of fever in operation, cold, which produces a continuance of the epidemic through the winter months.* Pneumonia and pleurisy are only additional symptoms intervening in many cases, the real disease being bilious fever. For the ordinary cases the remedies are the same precisely with those proper in the treatment of autumnal fever. Where there are pneumonic symptoms it is necessary in addition to resort to bleeding and blistering.†

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* Transylvania Journal of Medicine, etc., Vol. I., p. 190.

The second volume of this journal contains an essay on the "Remote Cause of Typhus Fever, with some Observations respecting its Treatment." Dr. Cooke opposes the theory of its contagiousness, but insists that it arises, like the other fevers, from the decomposition of vegetable matter. "Typhus fever therefore," he says, "is the common autumnal fever or bilious remittent fever of England." Purgatives he holds to be the most effectual remedies in the disease, especially calomel. He would not urge his patients to take food in the progress of the fever.

In the same volume we find from him an essay on *phlegmasia dolens*, and one on the use of purgatives in some of the diseases of women. Phlegmasia dolens Dr. Cooke treats by cathartics, as he does menorrhagia, uterine hemorrhage, etc., which he holds are produced by that prevalent venous congestion which is to his mind the source of so much trouble.

The fourth volume of this journal contains an acute and able examination of the theories of fever proposed by Clutterbuck and Broussais. Dr. Cooke succeeds in demonstrating very satisfactorily that one of these philosophers errs as widely as the other in assigning a seat to a disease which has no local origin. He was perfectly successful in demolishing the structures which these gifted men reared with so much ingenuity, but, as we shall see, without substituting one of a more durable character.

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* Transylvania Journal of Medicine, etc., Vol. I., p. 539.

† *Ibid.*, p. 550.

In the same volume he has a long, candid, and manly reply to some strictures on his "Treatise of Pathology and Therapeutics" by a writer in the American Journal of the Medical Sciences. The calmness of tone which marks this paper is remarkable. The writer exhibits the true philosophical temper, unruffled by feeling, and intent only upon the attainment of truth. The reviewer intimates that Dr. Cooke had borrowed without acknowledgment from Parry, Armstrong, and Abercrombie. Dr. Cooke simply replies that he had never heard of these authors when he wrote; certainly had never seen any of them, except Armstrong. The reviewer hints that Dr. Cooke boasted of a new practice. Dr. Cooke replies, "Surely nothing can be more inoffensive than my manner of mentioning a new practice. There is no claim of credit for the novelty of the treatment, but its novelty and extraordinary nature, admitted by the reviewer, is simply mentioned as the reason which induced the writer to put the reader in possession of abundant materials to guide him in his judgment of its propriety." In every respect this reply to his critic is admirable.

The fifth volume contains two of Dr. Cooke's papers; an excellent one on the use of cold water in fevers, and another on spasmodic cholera, of which Dr. Cooke believed he had seen many sporadic cases in Virginia, the disease at that time (1831) having never been seen in an epidemic form in our country.

The succeeding volume contains three important articles from his pen. Some of the diseases incident to a state of pregnancy is the subject of the first. He recommends the use of purgative medicines as mitigating the sufferings (the headache, nausea, vomiting, etc.) of pregnant women; a practice suggested by his theory of congestion, but which, I am convinced from experience, will often be attended by the best results.

His second article gives an account of cholera as it appeared in Lexington in June, 1833, and is in many respects an extraordinary paper. It records the observations made by Dr. Cooke during the fatal progress of the pestilence in Lexington. He describes with singular clearness the topography of the town and the spread of the epidemic, and gives with faithful minuteness the details of his heroic practice. He labors hard to prove that the epidemic conformed to the laws governing malarious diseases, and, it must be admitted, makes out a strong case. He shows that it broke out in just such weather as is most favorable to the generation of malignant fevers, and that it was most fatal in precisely those localities in which such fevers are most apt to prevail. His argument is as strong as any ever yet produced in favor of the miasmatic origin of cholera.

But the most striking feature in this article is his treatment of cholera. He administered calomel to his patients laboring under the disease with a boldness probably never equaled in the practice of any country. In many cases he gave an ounce of the medicine at a dose, and in some as much as a table-spoonful, or about two ounces, every few hours. William Douglass, a student of theology, nineteen years of age, took a table-spoonful every six hours for three days in succession, having taken the same quantity the evening before; in all thirteen table-spoonfuls. He was in collapse when he took the first dose. On the third morning after beginning this treatment his discharges were found to have become thick and green, and Dr. Cooke thinks he would have recovered but for the indiscretion of his attendant, who had him to walk across a large room from one bed to another more than once. Hiccough came on, the patient became delirious, and died on the sixth day. But another patient recovered about this time under similar treatment, and still lives, I believe, a useful Episcopal clergyman, and an illustration of the extent to which calomel may be employed in some diseases without injury to health. Mr. Brittan, a young theological student, took a table-spoonful of calomel soon after having had several copious watery discharges. "He was advised to repeat the dose every six hours until the watery discharges ceased. He took that day four and the next three, the discharges not ceasing until some time after the seventh dose had been taken. He took, moreover, three other similar doses during the same time, having thrown up three. The *repeated* doses were given immediately after the regular one was thrown up." Bilious discharges appeared on the evening of the second day, and were kept up by tincture of aloes and occasionally pills of aloes and rhubarb for a week. The patient "was somewhat salivated," but entirely recovered.* I saw him a number of years afterward in perfect health.

While I am referring to this extraordinary practice it is alike due to the memory of a most conscientious practitioner and to the truth of history to state, as I am able to do from my own personal observation, that Dr. Cooke was not less successful in the treatment of cholera than his medical brethren in Lexington. At the time when the cases referred to were occurring as many as fifty people died of cholera in Lexington in one day. The epidemic, seldom ever more fatal any where, was then at its height in that city.

Following this remarkable paper on cholera, Dr. Cooke has in the same volume of the Transylvania Journal an article on the treatment of convalescents, in which he insists with the same earnestness upon the utility of purgatives as restorative medicines, especially after autumnal fevers. In convalescence from these fevers he holds that congestion of the liver, stomach, and bowels requires continual evacuation. There is still some remaining disorder, though the more distressing symptoms are removed. The passages are not yet natural; the bowels are still slow, and the digestion is not yet perfect. "Therefore these parts are still somewhat in the same state, and require the same remedy." *

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* Transylvania Journal o Medicine, etc., Vol. VI., p. 349.

In the seventh volume of the same journal he published a long and labored reply to a review of his essay on cholera, written by his colleague, Dr. Caldwell. The only point on which he found it necessary to fortify his positions against his learned critic was the miasmatic origin of cholera. With his energetic method of treating the disease Dr. Caldwell was entirely satisfied; it was in fact his own way.

The eighth volume of the Transylvania Journal contains a single short paper by Dr. Cooke, one of the few introductory lectures which he ever published. It is a defense of the medical profession against the charge of infidelity. If the charge were well founded, he declares it would so sink the value of the profession in his estimation "that he would instantly abjure it forever." His argument is in the line of that pursued by Bishop Butler in his famous "Analogy."

"How can it be believed," he argues, "that God, who rules over all, and whose benevolence toward all his creatures, even the meanest in our estimation, is continually before our eyes, can be satisfied with our conduct in so frequently interfering with his benevolent designs by our selfish schemes of aggrandizement, by our corrupt practices in secret, and by our open outrages? And who can suppose that he will be dissatisfied and not attempt to restrain such things; and how restrain them but by laws to prevent them; and how shall they operate unless he informs his intelligent creatures as to what he requires of them? How wise the conclusion then of that wisest of the heathen philosophers, Socrates, that God would certainly reveal his will to man, that man might know how to govern himself with regard to God and his fellow-man?"

He concludes his lecture with the following emphatic words: "I therefore unhesitatingly say, not only that I am

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* Transylvania Journal of Medicine, Vol. I., p. 505.

perfectly convinced of the truth of the Christian revelation, from a close and patient examination of its claims on the testimony presented, but that I believe that better testimony could not be offered, could not be devised in support of it; and that no man is left unconvinced who has given the subject a thorough investigation, unless he is kept from it by a state of mind the most deplorable we can conceive; a state of enmity against the God that made him and the Savior who redeemed him, leading him to refuse to come to the light because his deeds are evil."

The last medical paper I can find from the pen of this candid and painstaking writer is one on the good effects of blistering-plasters in local inflammations, which was read before the College of Physicians and Surgeons of Lexington, and published in the ninth volume of the Transylvania Journal of Medicine. The efficacy of blistering in such conditions is illustrated by a number of cases. Dr. Cooke lived nearly twenty years after the appearance of this paper, during which he remained a long time a public teacher, but his contributions to the medical press seem to have ceased with its publication in 1836. The third volume, which he proposed to add to the two published of his Pathology and Therapeutics, was never written.

Dr. Cooke was the first professor in Transylvania University to prepare a systematic work on any branch of medicine. His "Treatise of Pathology and Therapeutics" forms two octavo volumes of about five hundred and forty pages each. His essays in the Transylvania Journal, together with that on fever in the Medical Recorder, would make another volume quite as large. Dr. Caldwell was a far more prolific writer than Dr. Cooke, but his productions were disconnected and fragmentary, and related to every variety of topics, while his colleague seldom departed from medical subjects until he embarked in theology. While in most respects these writers bore but little resemblance to each other, in one particular they were alike: both had hobbies. Dr. Cooke's hobby was his theory of congestion and the potency of calomel to overcome that morbid condition. Dr. Caldwell's, as we have seen, were many; sympathy, phrenology, the vital principle in opposition to chemical forces in the living body, and mesmerism engaging him by turns. To these they returned continually until their papers grew somewhat monotonous. Vigorous writers both, though of styles widely different, they long bore a principal part in shaping medical opinion in the West.

As a writer Dr. Cooke was especially remarkable for candor and simplicity. No reader could fail to observe the utter absence of effort at effect in all his writings. It must be apparent to all that his aim was to give the truth, and in the fewest words and in the most direct way. No thought of ornamentation appears ever to have entered his mind. He took no care to round his periods or balance his sentences. The use of language with him was to convey his thoughts, to instruct, to convince, not to please. It was his rule to read over carefully what he had written, and draw his pen through every word that added nothing to its clearness or force; and thus he acquired a plain, easy, natural style, the best suited to subjects of a scientific character, and of all others the most acceptable to professional readers.

John Esten Cooke was born in Boston, Mass., on the 2d of March, 1783, while his parents were on a visit to that city. His father, Dr. Stephen Cooke, was a leading physician of Virginia, and served his country as a surgeon during the revolutionary war. While acting in that capacity he was taken prisoner by the British and carried to the island of Bermuda. There he met Miss Catherine Esten, a cultivated young lady of an English family of distinction, to whom he was married during his stay on the island. The match was naturally distasteful to the relatives of the young lady, one of whom, an officer in the English navy, according to a tradition in Dr. Cooke's family, carried his resentment so far as to cut off his little finger, to show to his kinswoman his displeasure at her marriage to a Yankee rebel. Eight children, six sons and two daughters, were the fruit of the union, which, notwithstanding the opposition to it on the English side, proved to be a happy one. John Esten was the oldest child. One of his brothers, John R. Cooke, rose to eminence as a lawyer in Virginia, and another, St. George Cooke, was long an officer of reputation in the United States army.

Returning with his wife and young son to Bermuda, Dr. Cooke continued to reside on the island until 1791, when he removed to Alexandria, in his native state. After a time he settled in Loudon County, near Leesburg, where he remained until his death, which occurred in March, 1816.

John Esten was carefully educated. He was one of the most accurate English scholars I have ever known. He read Latin with perfect ease, and had considerable knowledge of the Greek and mathematics. He was studious from his boyhood, and his disposition led him to master whatever study he took up. Determining to pursue the profession of his father, he entered early upon the study of medicine; and, after reading some time in his father's office, went to Philadelphia to complete his course. In the University of Pennsylvania, among his fellow-students, were Dudley, Drake, and Richardson, all of whom afterward were associated with him as teachers. He was admitted to the degree of M. D. in the spring of 1805. When the lectures were over, I have heard him say, instead of watching anxiously the progress of the examinations, as candidates are apt to do, he went off to his room and continued his studies until the dean informed him by a note that his turn had come. After receiving his degree he returned to Virginia and settled in Warrenton, Fauquier County. In 1821 he removed to Winchester, at that time the chief town in the great valley of Virginia. His reputation as an energetic practitioner had preceded him to his new home, and shortly afterward he added to it that of an able medical writer by the essay already referred to on autumnal fever, published in the Medical Recorder. His thoughts were now turned seriously to authorship, and in 1827 the first volume of his "Treatise of Pathology and Therapeutics" was given to the public. The same year he was elected to the chair of Theory and Practice of Medicine in Transylvania University.

I have spoken of the impression made upon his students and the medical public by his teachings and his practice. He removed with his family to Lexington in 1827, where he continued to reside in connection with the university ten years. They were years of uninterrupted prosperity to its medical department, and Dr. Cooke was among the foremost of its professors. His medical doctrines, while they provoked much and severe criticism in many quarters, were acceptable to his classes. Every year, as successive bodies of graduates left the institution, he had the pleasant assurance that he was sending forth into the world a body of men instructed in a true theory of disease, and qualified to combat it successfully. His surroundings in the elegant and refined society of Lexington were all that he could desire. The quiet, scholarly life he was enabled to lead under the shadow of the university was congenial to his taste. Between his lectures and practice the education of his sons, which he conducted himself, and the ample libraries of the university, his time was fully occupied, and in a way the most pleasant to his contemplative turn of mind.

A short time after settling in Lexington an event occurred which, I have no doubt, if he had been questioned about it, Dr. Cooke would have pointed to as the most important in his life. He had been eighteen years a member of the Methodist Church, which, he says, he selected as being in his judgment "the purest church as to doctrine." His zeal, his exemplary life, his learning, and superior intellect gave him great influence in the church. But suddenly, in 1829, he made up his mind to leave his Methodist friends and connect himself with the Episcopal Church. No intimation of his purpose had been given, and his friends were startled and many of them not a little offended by the unexpected change. Dr. Cooke felt it incumbent upon him to state the reasons which had induced him to make the change, which he did in a publication made soon after he took the step. The sum of the statement is that, having read a volume of sermons by Dr. Chapman, he became doubtful of the order of the church in which he had been so many years an active member; and that, continuing to read and investigate, his mind was at last brought to the conclusion that "Presbyterian ordination" is unauthorized by scripture, and therefore entirely invalid. In a memoir of Dr. Cooke by his friend, the Rev. Jas. Craik, D. D., the particulars attending his conversion are thus related:

"Dr. Cooke had only subscribed to the volume containing Chapman's sermons as a matter of courtesy to a colleague, Dr. Chapman being one of the professors in Transylvania University. After the book had been sent to his house Dr. Cooke remarked to his family and to some friends, at dinner, 'How strange it was that so intelligent and good a man as Dr. Chapman should entertain and attempt to propagate the narrow-minded notions which he had heard were in his book.' On the following Sunday, between breakfast and church-time, he took this book from the parlor-table, where it had first been placed, and began to read it. By the time the family were ready to go to church he had become intensely interested in the book. He saw that there was a real question raised in it which he was bound to determine. He permitted his family therefore to go alone, while he continued his examination of the argument which was to control his future religious position. The doubt once planted in his mind as to the ministerial authority of those to whose jurisdiction he had heretofore submitted, he could take no rest till the doubt was resolved.

"The library of the university, rich in many old books, and the private libraries of Lexington were diligently ransacked. The examination was begun and prosecuted with all the ardor of a

> strong and enthusiastic nature. Only four hours were allowed for sleep; one hour was given to the accustomed lecture to the medical class; the shortest possible time to meals; and all the rest of the twenty-four, with all the concentration of his great powers, devoted to the absorbing inquiry upon which he had entered.
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> "To relieve the brain from the effects of this intense and unremitted application, and to keep his mind in its highest state of free and vigorous action, he several times bled himself during the six weeks of this remarkable investigation. At the end of that time his conviction was complete, and the materials of that conviction, soon afterward embodied into the essay above mentioned, were accumulated and ready for present and future use."

The essay referred to, entitled "The Invalidity of Presbyterian Ordination," was pronounced by Dr. Craik "one of the most powerful and conclusive arguments ever produced upon the question of church-government." It was immediately republished in New York and widely scattered over the country by the Episcopalians. For a time the question of church-polity took complete possession of Dr. Cooke's mind, and on the organization of the Theological Seminary at Lexington, in 1832, he was elected professor of the History and Polity of the Church. He set industriously to work collecting books for the seminary, and in a little while had accumulated one of the best theological libraries in the country, at the same time, as a member of the standing committee of the diocese, devoting his energies to the cause of the church in which all his feelings were now enlisted.

When the project of transferring the medical department of Transylvania University to Louisville first began to be talked of among the professors Dr. Cooke was probably less inclined to the measure than any other member of the faculty. Naturally of a cautious temper, and having a pleasant home and associations in Lexington, he was not disposed at his time of life to make any change which would bring him into new social and professional relations. Moreover, he attached less importance than his colleagues to hospitals as means of medical instruction, and was not so strongly impressed as most of them were with the disadvantages of Lexington as a site for a school of medicine; but the decisive measure of the trustees in dissolving the faculty brought him, after a long struggle with his convictions, to a resolution to unite his fortunes with the new enterprise at Louisville, and in the spring of 1837 he removed to that city, having been elected professor of the Theory and Practice of Medicine in the Medical Institute.

Here I found him late in the summer, in a house on Sixth Street, waiting for practice and for the opening of the school, which had not yet been fully organized. Three chairs were still vacant at that time. Dr. Cooke was not hopeful of immediate success, and early success was of the greatest importance to him with his expensive family. I was in high spirits when I called to see him, and expressed great confidence as to the early triumph of the institute. Mrs. Cooke, who was present and listened with much apparent interest to the conversation, said, with a sigh, when I was through with what, no doubt, she looked upon as a rhapsody, "I wish I could feel so." "Ah, Lucy," Dr. Cooke replied, "you forget that you are older than the doctor; when he comes to feel the weight of twenty additional years on his shoulders he will not be so sanguine."

The institute proved prosperous, and, though its growth was not so rapid as some of us had expected, in five years it stood foremost in point of numbers of all the transalleghany schools. But Dr. Cooke's popularity did not grow with the institution; on the contrary, the current which from the first had set in against his theory and practice grew every year more formidable. From the intelligent body of practitioners in Louisville they met with earnest opposition. He was opposed by the teachings of all the schools of the country, and the books of the period, with singular unanimity, discountenanced his doctrines. His colleagues had never been able to sanction them; and more than all, Dr. Drake was appointed to the chair of clinical medicine in 1839, and, holding views entirely antagonistic to those of Dr. Cooke, could not fail to weaken the hold he had upon his pupils by setting them forth, however incidentally. Thus assailed on all sides, and from within as well as from without, his theory steadily lost ground, his practice grew more unpopular, and his influence as a teacher visibly declined from the day that he began to lecture in Louisville. In 1843 there began to be open complaints of his teaching in the class. A memorial was addressed to the board of managers by a number of students, setting forth that his doctrines and practice had not kept pace with the progress of medicine. His reply to the memorial contained expressions which were offensive to some members of the faculty, who became urgent that he should resign. In the end an arrangement was made, honorable alike to him and to his colleagues, by which he voluntarily severed his connection with the institute. In consideration of the fact that his teachings were the same that they had been from the beginning of his career as a teacher, however unpopular they had come to be, and that he was discharging his duties to the school with fidelity, the faculty stipulated to pay him two thousand dollars a year for three years from the date of his resignation.

He had purchased a farm in the neighborhood of Louisville, and to this he retired in the spring of 1844. After a few years he exchanged this farm for an unimproved tract of land on the Ohio River, thirty miles above the city, where his restless energies were employed in improving his estate. The quiet of the country was congenial to his philosophic turn of mind, and he had a keen appreciation of the beauties of nature which surrounded him. Here in the bosom of his family, to which he was passionately attached, and with the consolations of religion, he spent the closing years of his life.

The well-known tendency of pneumonia to return where it has once been set up was strikingly illustrated in Dr. Cooke's case. He had for many years been subject to attacks of the disease. If he stood in the cold until he began to shiver, I have heard him say, he was almost sure to experience an attack. His practice on himself was of the same heroic character that he pursued with his patients. He bled himself at once copiously, and repeated the operation again and again as symptoms appeared to him to demand it, at the same time keeping up purgation by calomel. Exposed as he was on his farm, these attacks became frequent, and his constitution, naturally enfeebled by increasing years, at last gave way under them. He died on the 19th of October, 1853, in the seventy-first year of his age. His last hours were made peaceful by his "firm trust in the mercy of the Savior whom he had loved and served for the greater part of a long life." Dr. Craik, whose words I have just quoted, adds that for many weeks, while on his death-bed, and until within a few hours of his death, the Greek Testament was his constant companion. "All day long," Dr. Craik continues, "and every day, he pored over its sacred pages with critical attention and with devout affection. His mind retained its power and freshness to the last, and to the last he was, as he had ever been, the single-hearted worshiper of truth. Truth and love he found embodied in the word of the Almighty, and on that his soul rested, in life and in death, with satisfied delight."

After the details into which I have entered I need hardly add that as a practitioner Dr. Cooke belonged to the heroic school. In the use of purgatives, and of calomel in particular, he went further than those who carried the practice farthest. But we should do him great injustice if we concluded that he limited himself to these remedies, however prominent their place in his therapeutics, or that he uniformly administered them in such doses. Ordinarily he gave calomel in quantities but little if at all larger than those usually prescribed; but as he was led by principle to give the medicine until black discharges were procured, in severe cases he prescribed extraordinary doses in the beginning. As for other curative agents, he was as warm an advocate for the use of cold water in fevers as Currie, and he rivaled his great preceptor, Rush, in the prodigality with which he drew blood. I remember his proposing the cold bath or cold affusions in a case of scarlet fever forty-three years ago. In his own case, as we have seen, he practiced blood-letting with a freedom bordering on excess. His directions to his students in the management of croup were, "Bleed, if you can, and give twenty grains of calomel." He never distinguished between the forms of this disease, if his attention had ever been called to them. He found no place in his *methodus medendi* for bark, quinine, or tonics, but believed that he could cure even intermittents better with purgatives. Tonics he regarded as utterly unnecessary in fevers. With calomel alone he was persuaded every case of autumnal fever might be arrested, the only bar to its use being salivation. He recognized the therapeutic virtues of opium, but felt compelled to reject it on account of its constipating effects. "If calomel did n't salivate and opium did n't constipate," he often said, "there is no telling what we could do in the practice of physic."

Dr. Cooke's manner as a lecturer was not pleasing. His utterance, if not painful, was hesitating and difficult, making the impression on his hearers that it was painful to him to express his thoughts. His voice wanted clearness and force. His words, although always precise and fitly chosen, came out slowly and laboriously. He had no imagination, no fancy, no claims to oratory. The idea of pleasing seems never once to have occurred to him, his aim in lecturing as in writing being simply to make his meaning clear. He read his lectures, and as he was near-sighted he was obliged to hold his manuscript close to his eyes, which made it impossible for him to look at his audience. The consequence was that when he began in his simple, dry, ungainly way to enounce his theory his students at first drew back, startled by the peculiarity of his manner, and the recital of facts and instances the bearing of which they were not able to comprehend. But this first impression did not last long. It was not many weeks before most of his pupils were so charmed with the simplicity and compendiousness of his theory that they lost sight of his homely elocution. His lucid order, his vast array of facts logically compacted, his ample experience, his gravity and dignity, and above all, his candor and earnestness had conciliated all but the few who had come from other schools prejudiced against his system; and from that time on to the close of his course the lectures of his most eloquent colleagues were not listened to more respectfully or with greater admiration than his.

Dr. Cooke's success as a teacher, despite many natural disadvantages, was unquestionably due in part to his logical faculty, in which he excelled nearly all the teachers of medicine I have ever known. No one could listen to him without feeling that he was in the presence of a powerful and well-disciplined reasoner. But the main cause of his ascendency over his pupils was the air of honesty that pervaded his teachings. All his utterances were instinct with the spirit of truth. He never jested, never trifled, never exaggerated. He might be mistaken, but he was always sincere. His singleness of purpose spoke out unmistakably in his face, in his gestures, and in all the intonations of his voice. He was thoroughly in earnest, as he was fully convinced of the correctness of his opinions. It was difficult for young minds to resist what came from so clear an intellect and was taught with so deep and thorough a conviction of its truth.

This quality of mind and character bore Dr. Cooke up as a teacher triumphantly for more than ten years, over all opposition to his theory, and in spite of all his defects of manner. Nearly every medical graduate left Transylvania ready to swear by his doctrines and to practice upon them, and after the lapse of forty years there are physicians all over the country who still adhere to his theory and pursue his practice in its main features.

Whatever were Dr. Cooke's convictions—in morals, in religion, or in medicine—he carried them out without any reference to the opinions of the world. He despised shams and disguises, and stood always resolutely upon his own bottom. When he professed religion his friends nearly all belonged to the Episcopal Church, and it was expected that he would unite with them, especially as it was the church in which he had been brought up; but the Methodist Church appeared to him "the purest as to doctrine" at the time, and, notwithstanding his early prepossessions and the wishes of his friends, he joined the Methodists. After remaining in that church eighteen years, laboring to advance it, deeply interested in all that concerned its welfare, admired, revered, beloved for his zeal, his wisdom, his learning, and his exemplary Christian life, he became convinced that he had been in error all this time, and, severing the tender ties that had united him to his Methodist friends, he at once connected himself with the Episcopal Church; and we have it on the authority of Dr. Craik that "neither he nor his family ever after attended any other form of worship."

He had become convinced of the invalidity of all other forms of ordination, and would not even seem to countenance that which he regarded as heresy. In a conversation with him once I remarked that I was always glad to take a true Christian by the hand as a brother in whatever church I found him. Dr. Cooke, after a pause and taking a long breath, replied, "*I used to feel so.*" But he did not feel so then, and would not leave me to infer from his silence that he did. Such a course he would have felt to be wanting in candor.

His writings on medicine and on church-polity exhibit the same depth and sincerity of conviction. He had always been in the habit, as he says, of requiring strong evidence upon every subject, and never yielding assent to any thing that was not supported by it; but when he embraced an opinion it was with all the strength of his will and of his understanding. Henceforth there was no more hesitation with him; his mind was disturbed by no further misgivings. His was an absolute, inexpugnable faith. On no serious subject had he any half-formed opinions. In matters medical and in matters theological his convictions were alike thorough. He was as fully persuaded that the Episcopal is the only true church as he was that calomel is the only reliable remedy in fever, and he believed as firmly in his theory of congestion as he did in apostolical succession. To his mind the proof in either case had the force of a demonstration.

The perfect sincerity with which he held his opinions was evinced by his carrying out his practice in his own case. On one occasion this was near costing him his life. He was seized with intermittent fever on his farm near Louisville in the fall of 1844, and for several days took his pills—composed of calomel, rhubarb, and aloes—in the confident belief that they would arrest the disease; but the chills continued to recur with an increasing tendency to congestion, until at last his case became alarming. His old friend, Gen. Mercer, of Virginia, who happened to be on a visit to him at the time, called on me and gave me an account of his situation, asking me to visit him. Dr. Cooke was reluctant to take quinine, but finally consented, and was relieved, and afterward, I believe, used the remedy in his practice.

"Stern and sometimes even harsh in his intercourse with the world, Dr. Cooke was gentle, tender, and childlike in his religious affections, in the domestic circle, and in social intercourse with the friends he loved. With these last he was ever the warm-hearted, genial companion. Without reserve he unbosomed himself to them, and enjoyed beyond most men the pleasures of conversation, the delightful interchange of thought and feeling."

Of the truth of this delineation of the character of Dr. Cooke, which I quote from his friend and biographer, Dr. Craik, I could cite many instances afforded by years of intimate association with him. There was something touching in the gentleness, simplicity, and tenderness of his nature, which was hidden from the general eye by his usually abrupt manner. One instance I will relate illustrative of this trait in his character.

I went early one morning to his house in Louisville to ask him to indorse a note, a favor he had often done me. He answered slowly and with evident embarrassment that he had just become involved in a security debt by the failure of one of his brothers in Virginia, and on that account should be obliged to refuse me the favor, adding many kind words as to the regret he felt in having to do so. His explanation I assured him was amply sufficient, and as he had not had his breakfast I soon moved toward the door; but he was reluctant to let me go away disappointed, and continued to repeat how sorry he was not to feel at liberty to oblige me. I repeated my assurance that what he had said was perfectly satisfactory, adding that I had another friend whose name I could get, and with this left his house. As I was ascending the door-steps of the friend referred to, a few moments afterward, I heard some one calling to me from a distance, and looking back saw Dr. Cooke hurrying down the street and beckoning to me to stop. Coming up quite out of breath he said, "I went up stairs as soon as you left my house and told Lucy what I had done. She said I ought not to have refused you, and I have come to indorse your note."

"It was deeply affecting," says Dr. Craik in his beautiul tribute to the memory of Dr. Cooke, "to see that strong old man passionately weeping at bidding adieu to the Christian minister who from time to time celebrated at his secluded home on the Ohio the solemn offices of religion." This tenderness of nature was characteristic of the "strong old man." His religious sensibility was not less deep than his religious convictions. His character was cast in the true heroic mold, but with all his devotion to principle he was as gentle in his feelings as he was manly in temper, as tender-hearted as in manner he was stern and unbending. There was nothing in the world that he loved more than his friends, except truth, and he was only uncompromising when he felt that truth was at stake. I can not call to mind, among all the true men with whom it has been my good fortune to be associated, one of whom we may affirm more truly, as was said by Carlyle of Sir Walter Scott, "when he departed he took a man's life away with him." It is to be regretted that he has not left behind him any record of that sincere, unpretending life. Dr. Cooke was one of the few men who might have been safely trusted to write his autobiography. He would have reviewed his career with a truthfulness, a modesty, a candor that would have exalted his character in the eyes of men. He would have written the history of his life with the fidelity that he lived it. His works are a faithful reflex of his mind, and exhibit a character as strongly marked as any to be found in the history of our medical men. They will be read by the curious for a long time to come, and will always be read with advantage by the earnest student.

When Dr. Cooke was called to a chair in Transylvania University he was engaged, with his friend Dr. McGuire and others, in organizing a medical school at Winchester, Va., in which he was to teach the theory and practice of medicine.

A CASE OF HYSTERIA IN A MALE, ASSOCIATED WITH STONE IN THE BLADDER.*

BY W. H. LONG, M. D.

The case I am about to report is that of a young man, nineteen years of age, of an excitable, nervous temperament. He was born in Indiana, of German parents, and lived the life of a student until April, 1871, at which time he was engaged as a teacher of languages in a flourishing academy. He had an extraordinary memory, being able to memorize whole pages by a single reading; was thorough in mathematics and the Latin and Greek languages; and spoke the German and French fluently.

It was soon remarked by the principal of the school, after he entered upon his duties as teacher, that he became nervous and excitable after any considerable amount of mental or physical exertion. He complained of headache at such times, and said he felt "very queer." These attacks were relieved by an opiate or stimulant.

On the 10th of July, 1871, I was called to see him in consultation with Dr. W. T. Taylor, of Fisherville, and Dr. Frank Atkinson, of Simpsonville. The history of the case was as follows: About ten days previous, after a day's excitement at playing croquet, he was taken with a dull headache. He was persuaded to lie down, and in a few minutes all the voluntary muscles of his body became rigid; his eyes were fixed with a vacant stare; his breathing was labored, resembling that of a child with false croup. No effort could rouse him to consciousness, and the laryngeal spasm became rapidly worse and the muscular contractions irregular. His body was bent, first on one side, then on the other; sometimes twisted and then bent back, as in tetanus. Occasionally the laryngeal spasm was so great as to entirely suspend respiration, and during the time of this suspension the convulsive movements of the body were extraordinary.

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* Read before the Louisville Academy of Medicine, May 14, 1875.

This condition of things was of about six hours' duration, and was succeeded by a quiet and natural sleep, which lasted until morning. On awaking he had no recollection of what had occurred the previous evening and night, but complained of soreness of the muscles, sore throat, and a sense of constriction about the upper part of the trachea. His pulse was good; in fact was but little if any disturbed during the paroxysms. He had two or three short and less severe attacks during the day, but again at night the same severe convulsions were repeated.

The muscular contractions were so great as to require several persons to keep him in the bed; and the laryngeal spasm was constant, sometimes suspending the respiratory act so long as to be thought past recovery. This condition lasted until midnight, when a quiet sleep till morning was obtained. From this time until I saw him, ten days after the attack, the paroxysms became less frequent and severe, and he remained free from any trouble during the day from the 8th and after, unless he attempted to sleep, and only at night while going to sleep did the paroxysm commence. The attack began when he was so far asleep as to lose his consciousness; in other words, when he had passed the point at which the will ceased to act. Just at this point the first symptoms of the coming trouble appeared. His breathing then became slightly stridulous; this rapidly increased until every muscle concerned in respiration was making the most labored efforts to keep up the act, which was finally suspended by the spasm of the glottis. After this the general convulsions occurred, and continued until the glottis was so far relaxed as to permit the air again to enter the lungs, when they ceased until respiration was again suspended.

The soreness of the muscles had disappeared as well as the sore throat, and it was only occasionally that he felt any sensation of constriction about the throat. He walked about the room during the day, read, and amused himself; but was sure to have a paroxysm when he attempted to sleep. On going to sleep, and after the laryngeal spasm had commenced and even advanced to a certain point, he could easily be roused, and always waked with a laugh, saying he felt quite well; but if the spasm was allowed to pass that point, which his nurses had learned, he could not be roused until all the symptoms above described appeared.

We agreed that the case was one of hysteria; and as various antispasmodics had been given the patient, he was put upon thirty-grain doses of bromide of potassium three times a day, with citrate of iron and strychnine every six hours.

Ten days later I saw him again. It was night, and I found him lying on his back, his eyes closed, and breathing so quietly that it was only evidenced by a slight motion of the chest. Every muscle was so rigid that it was impossible to move a limb or joint; indeed he might have been taken by the head and heels and carried like a log. His pulse was regular, of full force, 80 to the minute. I tickled him on his side, when he awoke with a laugh, got up, sat in a chair, and talked to me for an hour or two, and said he never felt better in his life. He now feels no soreness or constriction of the larynx; walks about the house, yard, or farm during the day, but at night his trouble invariably comes on with a greater variety of phenomena than were presented at the beginning. The laryngeal spasm is still very distressing, sometimes cutting off respiration so long as to seriously alarm his friends, attended with terrific clonic convulsions. Again he will seem to go quietly to sleep, when tonic rigidity of the voluntary muscles takes place, and he will breathe so quietly that it can not be detected even by a cold glass held to his lips; and apprehension is excited that he is not breathing at all, and the attendants arouse him. During his periods of suspended respiration he usually had clonic convulsions, as when he had the laryngeal spasm, but not always. These various phases of the disease were presented every night, always in the early part of it, the patient afterward resting quietly and sleeping well. During the night in question I witnessed all the phenomena I have described.

At the consultation it was agreed to give him a small dose of morphine morning and noon, with a full dose at night, the iron and strychnine to be continued.

The result of this treatment was that for nearly four weeks he was entirely free from any trouble, and his appetite and general health improved. The morphine was discontinued in two weeks, except a small dose at bed-time. The tonic was continued, and outdoor exercise and total abstinence from books or mental excitement was recommended.

The first week in September he resumed his duties as teacher of languages. Shortly afterward, while on one of his daily rambles, he came suddenly upon a large snake. He was very much frightened, felt a suffocating sensation in his throat, and was nervous and excitable during the remainder of the day. That night the spasm of his glottis, the convulsions, catalepsy, etc., returned. The convulsions were severe and unusually prolonged, but next morning he felt as well as usual, and resumed his duties in the school-room. The attacks recurred every night, and I saw him again, September 20th, eight days after the return of his disease. Two days before I was informed that he had exhibited symptoms which indicated the passage of a calculus from the left kidney to the bladder. He complained when I saw him of tenderness along the course of the left ureter, and had some difficulty in passing his urine. I looked upon this as nothing more than another phase of his hysteria; and as morphine had been tried without avail, he was given thirty grains of chloral hydrate every night at bed-time, and thirty grains bromide of potassium three times a day, with cod-liver oil. The chloral relieved the paroxysms for a few nights only, and the ammoniated tinct. valerian was substituted. This gave relief for a few nights, and then lost its effects. The daily use of electricity was then ordered; the bromide of potassium, cod-liver oil, and iron were continued; all reading, studying, or teaching was interdicted, and hunting, fishing, horseback exercise, etc., recommended. Under this treatment the nightly attacks became gradually less severe, and by February had entirely ceased; but before this he had resumed his labors as teacher, and continued them until the annual vacation in June. He increased in strength and flesh during this period, gaining fifteen pounds in weight. In June he visited his father, and while at his house was attacked with urinary distress. His physician gave him medicine for several days without relief, and then introduced a sound into the bladder, when he discovered a stone. This was crushed, and in a few days the fragments were all discharged, the largest lacerating the urethra at its orifice, and was removed by forceps.

From that time to this the patient has remained free from trouble of any kind, is stout and robust, still a hard student, but able to endure a great amount of mental or physical fatigue without any bad effects.

The questions are interesting: What relation did the stone in this case bear to the hysterical manifestations? Did the calculus exist prior to his illness or form subsequently? How far did the diathesis which led to the formation of the stone influence the attacks of hysteria? Or did the renal calculus, which I now think passed in September, become the nucleus around which the stone subsequently formed?

LOUISVILLE.

Reviews.

Dysmenorrhœa. By JOHN M. JOHNSON, M. D., President of the Atlanta Academy of Medicine, late Professor of Physiology and Pathology in Atlanta Medical College. Read before the Atlanta Academy of Medicine, January 12, 1875.

This pamphlet challenges professional attention. Its author, an honored member of the profession and having large experience, positively and boldly assails very much of the recognized etiology, pathology, and therapeutics of dysmenorrhœa, and presents a treatment for this troublesome disorder which is of admirable simplicity, and which, should it prove equally successful in other hands, is destined to greatly lessen one of the most severe and common of woman's sufferings.

So important do we regard Dr. Johnson's views as to the treatment of dysmenorrhœa—he urges them with such positiveness—that we shall present them in full. But before doing this we must criticise some of his anatomical and physiological assertions; and, lest we may seem to do him injustice, we shall first present in his own words the assertion we dispute. On pages 4 and 5 we read as follows:

"Between the ovaries and womb there is but a single anatomical connection, and that is a small, fibrous, non-vascular ligament, which begins at the edge of each ovary and ends in an attachment to the corners of the womb at the fundus. They have no nerves, arteries, or veins in common, and from the force of circumstances can have no function in common.

"It is asserted by authors and generally believed by medical men that ovulation occurs monthly. This belief is founded on the doctrine of co-operative ovarian function in setting up menstruation. This can not be true. Pregnancies occur constantly where there has been neither molimen nor flow. I have had many such cases. I delivered one woman eight times who had never felt the molimen or had the flow after the first pregnancy. To attempt to establish co-operation of function by a coincidence of function is certainly the wrong method of reasoning. My belief is that ovulation is not regulated by periods, but by the generative power of the organ, and that ovulation may occur once a month or once a year, and always independent of any other causation than its own inherent force. Much has been written and spoken about monthly ovulation and the washing away of the ovum by the menstrual flow. Nature never commits wholesale mistakes in this way. Every seed has its time to ripen, and then under the proper conditions to germinate and grow. The acorn finds its bed in the virgin soil beneath the bough, where under the influence of heat and moisture it may quicken and grow to the dimensions of the parent stock. So in like manner the ovum falls into the oviduct and finds its stroma in the womb, and when impregnated arrests at once by inherent power the molimen and flow, and in quiet and security completes its great task. In view of these facts I must think the attempt to correlate these functions a fallacy."

So far from the first statement being correct, the ovary is connected with the uterus not only by its own ligament, but also indirectly by a peritoneal layer derived from the broad ligament, and by its connection with part of the fimbriated extremity of the oviduct.

"No nerves, arteries, or veins in common." This is another and graver error. The upper part of the uterus, the oviducts and ovaries, have a common nervous supply—viz., from the spermatic plexus—and from this same plexus branches are sent contributing to the formation of the inferior hypogastric plexus, and this plexus supplies the lower part of the uterus. As to the blood-supply, we shall quote Dr. Arthur Farre's statement in Todd's Cyclopedia: "The ovary derives its supply of blood chiefly from the ovarian (spermatic) but in part also from the uterine arteries. So free indeed is the communication between these vessels that the organ may be equally well injected from either source. This communication is effected chiefly by means of a branch of the ovarian artery which passes inward to inosculate with a terminal branch of the uterine artery, this anastomotic branch being occasionally so large as to constitute the principal source of supply of the ovary." And Dr. Savage remarks (Anatomy of the Female Pelvic Organs), "The uterine artery is occasionally extremely small, and the reverse, a variety associated with a similar but reverse irrregularity of the spermatic artery." Finally, the uterine veins are in communication with the utero-vaginal venous plexus, in this in turn with the bulb of the ovary, which through the ovarian plexus communicates with the ovarian vein.

The writer's attack upon the ovarian theory of menstruation is weakened by his error in anatomy just pointed out. This theory rests upon too large an induction, is so strengthened by analogies drawn from observations of the phenomena of ovulation, rut or heat and impregnation in animals, and has received the belief of all prominent physiologists that it can not be readily shaken.

That, as Dr. Johnson says, pregnancies constantly occur where there has been neither molimen nor flow is surely not in accordance with general professional experience; such cases are the exceptions, not the rule, and as exceptions they are usually referred to by obstetrical writers. Where the ovaries are rudimentary the menstrual flow is absent, no matter how well developed the uterus may be. So too, if these organs are destroyed by disease or removed by the surgeon, the flow does not occur, though in the latter contingency this flow may recur for a few times simply from the force of habit, but its speedy cessation is inevitable. In cases where hernia of the ovaries permitted a careful examination these organs have invariably been found enlarged and tender during menstruation. It is well known that the great majority of conceptions occur near the menstrual period. "In women who have died during a menstrual period the ovaries have been frequently observed to present unmistakable signs of the rupture of one or more Graafian follicles. In one case the ovum itself was found in the fallopian tube." (Farre.) Finally, does not the periodicity of the flow indicate its dependence upon some cause exterior to the uterus? It is comparatively easy to explain this monthly recurrence of a uterine hemorrhage by finding its cause in ovarian influence determined by that being the measure of time for the ripening of an ovum; just as the ripening of grain or of fruit, the successive stages of the development of the impregnated ovum require definite periods of time for their accomplishment.

But Dr. Johnson is worried by the seeming waste of ova if at each monthly period one is lost, should opportunity for impregnation not offer. Nature in all her vegetable and animal creation, in her ubiquitous and perpetual stream of life upon the earth, nowhere teaches such a lesson. Tennyson was tame in singing that "of fifty seeds but one is brought to bear," for of thousands and tens of thousands all may perish. She has multiplied beyond enumeration the germs so that the stream of life shall not be arrested, and she has thus secured beyond peradventure the opportunity for reproduction and the perpetuation of species. Illustrations spring up on every side, but a single one will suffice. Thousands and tens of thousands of ova are found in the human ovaries; nay, as Dr. Farre observes, in numbers they exceed all powers of computation. So far then from indorsing Dr. Johnson's statement that the attempt to correlate the functions of the uterus and the ovaries in menstruation is a fallacy, we believe it utterly untrue.

In discussing the *etiology* of dysmenorrhœa the author asserts that "the disease is clearly traceable to childhood," and that "forty-nine times out of fifty dysmenorrhœa results from the want of that care that a good stock-raiser or gardener bestows upon his pets;" assertions which will seem to most readers at least slightly extravagant.

We fail to find in his *pathology* of the disorder any passages giving a clear presentation of his views, although we do find some very judicious and earnest censures of the neglect of plain laws of hygiene and physical culture. We regret to read some of the censures of Dr. Sims, especially such passages as these: "I have no doubt the time will come when he would be glad that half his contributions to medicine and surgery, both at home and abroad, would perish forever." . . . "His treatment for sterility—by slashing the neck from side to side, by caustics, tents, and the like—must fall before the light of experience." Others do not share in Dr. Johnson's "doubt;" others know that Dr. Sims has no universal remedy for sterility.

But now let us come to Dr. Johnson's treatment of dysmenorrhœa; and here we shall refrain from criticism, and, as previously said, let the author's words tell his story:

> "My treatment for dysmenorrhœa is very simple. It consists first in preventing the disease by establishing the function properly at the beginning; taking care, however, to resort promptly to the same means if the disease threatens to come on again. If the patient under treatment for dysmenorrhœa is anæmic from any cause, correct the evil by an appeal to the three great functions in the nutritive processes, to wit, digestion, absorption, and assimilation; economize all of the forces; exhaust nothing; support every thing. The best general tonic for the stomach is equal parts of the tincture of quassia and the tincture of stillingia, given in drachm-doses three times a day, in water. Where duodenal digestion is at fault the means I have employed is the tenth of a grain of the tartrate of antimony in one drachm of water and five drops of laudanum taken three times daily, until the symptoms of duodenal dyspepsia or the inertia of the organ is relieved. If the lacteal system is at fault, then avoid the coarser fats and use none other than small portions of cod-liver oil, gradually increased as the patient can bear it. This, with a reasonable amount of new, sweet, faultless butter, will meet the exigencies in the lymphatic system. For making blood the triple phosphates, where they agree with the stomach, is the best preparation I have used; also stimulants, of

any kind best suited to the palate, should be used freely. Exercise in a carriage or horseback-riding will assist materially in bringing relief to the patient; but above all things look to the nutritive system. If medicines, however well adapted to the disease, are found to so disagree as to lessen the capacity to take food or interfere in any way, stop its use at once, and rally the appetite by stimulants, jellies, chicken- and beef-essence, exercise in the open air, etc.; but when the molimen comes on use the hot enemas, hot blanket, and douche, and also the black drop, as directed, and continue this treatment to the end of the period, and continue it at any time between the periods when there is pain, and do not allow it to exist at all.

"Sometimes there are kidney-troubles, not unfrequently troubles of the liver and spleen, and very often of the cord. If, however, you can reach the nutritive functions, and the patient can once begin to take food with a relish, the Rubicon is crossed. If the bowels are constipated, they should be kept regulated by giving half-grain portions of calomel with two grains of hard loaf-sugar, carefully triturated in a mortar for ten minutes at least, and given on the tongue and mixed with the saliva, and swallowed at bedtime when the stomach is empty; and if it fails to act by morning, it should be repeated one hour before eating, and then await results. It acts mildly by restoring the secretions only, and not as a purgative. It will not impair the appetite or reduce the red matter of the blood.

"Regarding dysmenorrhœa as purely a diseased function, if the nutritive organs are in good condition, the only thing necessary to be done in addition is to regulate the bowels without purging them, and thereby interfering with nutritive and other supporting measures. Again, in all cases of dysmenorrhœa of the kind we are considering the muriate of ammonia should be given three times daily. For this purpose one ounce of muriate of ammonia should be dissolved in two pints of water, and a table-spoonful given three times daily, and the use of it continued for two or three months, for the purpose of expanding the urine and defibrinating the blood, and preventing, first, infarction of the arterioles and venules; and secondly, the formation of fibrous tumor, which more frequently than many suppose to be the case is the termination of dysmenorrhœa, and brought on by it.

"Neuralgic dysmenorrhœa is often and perhaps generally the result of toxæmic causes, as asserted by two of the authors from whom I have quoted. But it may arise from other causes also; as congestion, commencement of malignant disease, hyperæsthesia of a part or all of the sensory uterine nerves. But no matter what may be the cause, the treatment I have laid down will give perfect relief until other remedies can be brought to bear, such as arsenic, quinine, iron, cicuta, etc.

"In membranous dysmenorrhœa I advise the hot-water and black-drop treatment, and also mild ptyalism, muriate of ammonia daily for three months, and keeping the bowels scrupulously regulated but not purged; for this purpose the compound cathartic pill is the best. If there be whites, as there generally is, I make a wash of two ounces of muriated tincture of iron and four of water; and every night I elevate the hips on a pillow, and throw half an ounce as far as I can carry a glass female syringe into the vagina and discharge it. This I repeat every night, and in severe cases three times daily, for two or three days, and afterward every one or two days repeat at night, until there is a discharge of loose, diseased epithelium, organized by the wash into a skinny substance resembling yellowish paper, which passes in strips as large sometimes as the hand, and sometimes the complete cast of the vagina will come at once. When these slips begin to come encourage them to do so by the douche, but continue the iron until this ceases or the part becomes too much inflamed to go further. Whenever the whites show a disposition to return, do the same thing over again, and continue until the symptom yields.

"Lastly, obstructive dysmenorrhœa calls for a few remarks. Thomas ascribes this variety to contractions of the cervical canal, flexion or version of the uterus, vaginal stricture, polypus-in-utero, obturator hymen, or fibroid in the parenchyma of the neck. I treat this just as I have recommended for the other varieties of this disease. They are in fact one disease, with diverging anomalies. We have to deal with a diseased function. My object is to call attention to this fact, and also to a treatment in harmony with it. By carefully soothing the diseased organ in the manner suggested you will rob dysmenorrhœa of its horrors. By strict attention to the nutritive system, by proper exercise in the open air, restraint from excesses, going early to bed and sleeping well, the process of restoration will be inaugurated and great results follow. By this treatment I have cured two cases of hysteralgia pronounced incurable by leading gynecologists; also three of membranous dysmenorrhœa, all I ever treated; also metritis and perimetritis; and, if taken in time, cellulitis will disappear from the catalogue of pelvic diseases. Leucorrhœa is nearly an invariable attendant upon dysmenorrhœa. This can be certainly cured by using as a vaginal enema the muriated tincture of iron, one third or one half strength, every night and morning, introduced with a blunt female syringe; half an ounce of the mixture to be thrown down to the base of the vaginal cul-de-sac, and the portio-vaginalis compelled to remain in the bath all night by placing a pillow under the hips. The fluid will then penetrate the cervical cavity to the os, and by keeping this up for three nights until the discharge ceases you will have cured the disease. If it returns, treat it the same way."

Certainly Dr. Johnson has great confidence in his plan of treatment, and the promises he makes are large enough to justify its faithful trial. By it cellulitis, if taken in time, will disappear from the catalogue of pelvic diseases; leucorrhœa certainly cured by injections of a strong solution of muriated tincture of iron; metritis, perimetritis, and membranous dysmenorrhœa even will no longer defy the doctor, but will be as amiable as Captain Scott's coon! Dr. Johnson is in earnest, and we will try to believe him, indorse his note for indefinite millions, until general professional experience, the final arbiter of therapeutic theories, shall come to confirm or disprove his statements. T. P.

Clinic of the Month.

Transfusion of Blood.—Prof. Billroth has recently published a lengthy article on transfusion of blood, as based on his own and the experience of others. This paper appeared in Nos. 1 and 4 of the Vienna Medical Weekly, and the following is a short *resumé* of the same. He says that in acute anæmia the injection of human blood is justified at the critical moment, even though at this time it has seldom been of benefit; but that all other indications for transfusion have neither a sufficient theoretical or empirical indication to be binding. In discussing the question if only human blood should be used—for even when this has been employed the reaction has occasionally been a serious one—or whether any other kind be more suitable, he states that he is not firmly settled in his opinion, and proceeds to enumerate the indications for its employment in acute anæmia, in which, according to his individual experience, the operation can not always be relied on, whereas the most brilliant results might be expected in accordance with physiological reasoning. Next, the indications for substituting diseased blood by healthy fluid, and especially in septicæmia. Billroth is of the opinion that we can not expect any satisfactory result from the introduction of only a small quantity of healthy blood, whether we believe in the theory that in septicæmia the septic material undergoes a fermentative process, or if we look upon it in the aspect of a poison, which even in the minutest quantity has a fatal effect, as some of the alkaloids have. Even if all the blood of the patient were completely exchanged for new, one of the conditions of a satisfactory result would be that the putrid material be only contained in the blood, which is not proven by any means, nor is it very probable. He is very much opposed to the opinion that the transfusion and substitution of blood in chronic diseases can afford any permanent benefit, nor will it be generally introduced into the practice of medicine. The theoretical objections are very great, nor have the practical results diminished them any.

RETENTION OF THE DEAD FETUS IN THE UTERUS.—Two interesting cases of such retention are quoted by Dr. Hergott (*Annales de Gynécologie* for May) from recent German journals. The first, reported by Dr. C. Liebman, of Trieste, is briefly as follows: A woman twenty-five years of age, pregnancy normal until the fifth month, when death of the fetus occurred from external violence, but labor did not take place until after the ninth month. At the middle of the tenth month rupture of the membranes, discharge of the waters, and labor commenced, but soon ceased, returning in the course of the twelfth month, and terminating in easy expulsion of a five-months' fetus, which was macerated but not putrefied.

The second, reported by Dr. Alex. Solovieff, of Kazan, Russia, is this: A woman thirty-three years of age, the mother of seven children, was pregnant for the eighth time, and when threatened with labor six or seven weeks before term was assured by a midwife that the infant was transverse; and to rectify this alleged malposition a large inverted pot, the air first exhausted by having burning tow in it, was twice applied, like a cupping-glass, to the abdomen. After this violence the fetal movements ceased, and after four days of agony the placenta was expelled. For several weeks there was a horribly offensive discharge, and she was confined to her bed. At the end of the second year menstruation recurred and was regular. When sexual intercourse occurred her husband's penis was often wounded so as to bleed profusely. Finally after six years' retention of a dead fetus it was removed. Seventy-two bones, among which were the long bones of the extremities in perfect preservation, were taken away at one time. The patient soon recovered.

About the Condition of the Pupil during Chloroform Narcosis.—Coyne and Budin (*Gazette Médicale*, February 6, 1875) have determined that in complete chloroform narcosis, if the anæsthesia be perfect, the pupil is contracted and immovable, and does not respond to external irritants. If, however, the anæsthesia be incomplete, they observed that if the patient be subjected to various external irritants the pupils become dilated by reflex action. If vomiting set in, the pupils are also seen to dilate and sensibility return to a greater or less degree. The cardiac syncope is also indicated by a sudden dilatation of the pupils.

Chloroform Asphyxia.—In a case of chloroform asphyxia in a child aged six years, in which cessation of respiration and of the heart's action was noticed for several seconds, Fienzal (*Progr. Medic.*, January 30, 1875) noticed that after he had stood the patient on its head for about thirty seconds, and at the same time had kept up artificial respiration by pressure on the abdomen, the face again assumed its normal color; and after the child was placed in a recumbent posture, with the head hanging down, respiration and circulation became fully restored. As in this case, as well as in a number of others observed by the author, there was no retraction of the tongue, and no symptoms of suffocation presented themselves; and as the excellent effects following the measures employed would indicate, the author is inclined to the opinion that the retraction of the tongue and the subsequent asphyxia can not be considered as the cause of death in chloroformization, but that it is generally owing to syncope resulting from the action of the anæsthetic on the heart.

DEFICIENT DEVELOPMENT OF THE TEETH AND CORTICAL CATARACT.—I. Hutchison says (British Med. Jour., March 6, 1875) that the peculiar form of opacity of the lens or cortical cataract noticed in early infancy is nearly always accompanied by a marked deficiency of the enamel of the incisor-canine and molar teeth. These last are particularly affected, and their rough, discolored appearance contrasts markedly with the bright, healthy appearance of the bicuspids. As the misshapen central incisors are indicative of congenital syphilis, so the first molars are characteristic in these cases. The author alludes to the observations made by Arlt and verified by himself as to the fact that those children affected with lamellar cataract have previously suffered from convulsions, and explains this by saying that the pathological appearance of the teeth is due to the persistent use of calomel. This assertion, that calomel was the cause of the dental malformation, gave rise to a very stormy debate in the pathological society.

IODINE INJECTIONS IN PROSTATIC HYPERTROPHY.—Professor Heine is stated to have cured six cases of prostatic hypertrophy with iodine injections, and now recommends the parenchymatous injection of moderately-concentrated solutions of iodide of potassium. He states (Langenbeck's *Archiv.*) that the operation is not severe, and can be borne by old and weak individuals, because the diminution of the hypertrophied organ takes place without suppuration. When its volume is diminished the secondary affections of the bladder are also relieved, provided they have not attained a high degree. The operation is performed by placing the patient on his side at the edge of the bed, and introducing the oiled index-finger of the left hand into the rectum to the point where it is intended to make the injection. An exploring trocar is then introduced on the finger, the stylet having been withdrawn into the canula, and the puncture is made. The stylet is then withdrawn from the canula, which is filled with the solution in a syringe. When the canula has been filled an air-tight syringe is attached to the canula and the injection performed. The median line of the prostate should not be chosen, as a small artery takes its course in this location. The author's solution is iodidi potass., ʒij; tr. iodinii, ℥ij; aq. distil., ℥ij.

Chorea treated by Arsenic in large Doses.—Dr. Eustace Smith writes (British Medical Journal) that the curative value of this drug is greatly increased by administering it in full doses. The tolerance of children for arsenic is a matter of common observation, and this tolerance is especially marked in the case of a non-febrile disease, such as chorea, where there is no increased irritability of the digestive organs. To a child between the ages of five or six and twelve, the subject of this complaint, Fowler's solution may be given in doses of ten minims, three times a day, directly after meals. The influence of this treatment upon the disorder is seen almost immediately, and it is rare for any of the physiological effects of the drugs to be observed. By this means cases of the disease which had resisted smaller doses of arsenic may be cured in a few days, and even severe cases seldom last longer than a fortnight or three weeks.

Cold Affusion in Scarlet Fever.—Dr. Gordon, in the Dublin Journal of Medical Science, says that several of the worst cases of scarlatina which had come under his notice were marked by extreme nervous symptoms, insomnia, delirium, accompanied with intense heat of skin and high pulse, and the recovery which took place in many of these cases he attributed almost entirely if not altogether to the cold affusion. He had a long, reclining bath placed at the side of the bed. The patient was placed in the bath; a hot blanket was placed on the bed, and one or two hot sheets. The patient was taken out, laid on the bed, and the blanket turned over. In five minutes, more or less, there was profuse perspiration in almost every case, and when that occurred the patient generally recovered. At least fourteen or fifteen cases were treated in that way within the last year and a half, and of these he thought he was under the mark when he said ten or eleven recovered.

HOT BATHS.—Prof. Lasegue lays down (Medical Press and Circular) the following rules: No hot bath ought to exceed twenty or thirty minutes in duration. The initial temperature ought always to be lower than the final temperature. The increase of temperature ought always to be gradual. The maximum temperature is usually 103°, but 108° can easily be tolerated if the patient does not remain in this temperature longer than eight or ten minutes, and if the unpleasant sensation produced by the vapor on the part of the body which is not immersed is avoided. On leaving the bath the patient goes to bed, and soon loses the sensation of unusual heat. Cold douches, which are so agreeable after hot-air baths, are not well borne after hot-water baths. Lasegue has found a prolonged course of hot baths very useful in chronic rheumatic arthritis. Under their influence the movements of the articulations have become less difficult and painful. A similar mode of treatment has been found useful in chronic abdominal complaints, such as protracted diarrhea, and even in obstinate chronic bronchitis.

Notes and Queries.

MEDICAL EDITORS' ASSOCIATION.—We make the following abstract from the very excellent address delivered by the president, Wm. S. Edgar, M. D., at the meeting of the Medical Editors' Association at Louisville, Ky., May 3, 1875:

Gentlemen: Advertisement of the medical profession in America is engaging the earnest attention of so many ardent friends of reform as to warrant, we think, its presentation on the present occasion. Perhaps the members of the medical profession are the only parties who in their organic capacity legislate against advertisement, yet do more of it than any other calling or interest, not excepting the showmen; while the *Barnum method* is forbidden a worse one is tolerated, so far as its effect on either the profession or community is concerned. True, some of the methods in general use are unobjectionable, so far as the reflex on the profession is concerned; *e. g.*, the professional work done every where over the country as a gratuity, believing it better to be advertised as doing business than not to have any business; hence the country physician obeys distant charity calls in the night or storm, while the city physician attends free clinics, giving a large portion of his time to become known.

We see no good reason for claiming that medical men are more charitable than other men or under more obligation to render gratuitous services. Granting the nature of these services to be peculiar, and to necessitate much uncompensated labor, still we think every state or municipality should compensate the doctor for a portion of his labor bestowed upon the poor; and this would soon become a necessity if the country was not flooded with medical men of one kind and another. The medical services rendered in this way the country over, with those rendered by teachers in medical schools in our city hospitals and free clinics, as an attraction to students, doubtless amounts to one half of all the service of the profession; the most of which, it must be conceded, is for advertisement one way and another. While we honor the profession for contributing its services to the poor generously, we have reason to fear the enterprise of advertising has carried it to an absurd extent.

There is another kind of advertising which has reached a point in America which threatens the humiliation of the profession almost beyond redemption. I allude to the multiplication of medical schools. It is well known to the profession that many of these schools are organized solely to advertise the men composing the faculties, seeing this is a method not interdicted by the Code of Ethics. A dozen or fifteen or twenty doctors, more or less, meet and organize themselves into a medical faculty; a charter is procured and the chairs "fanned out" among them, and circulars scattered thick as blackbirds in autumn, heralding the wonderful advantages of this new school. A card is in all the publications of the city, secular and scientific; thus no means are spared to make known that Prof. A has the chair of obstetrics and Prof. B that of surgery, etc., to the end of the list; then come as many more names, with their addresses, as assistant lecturers, waiting to don the discarded mantles of their superiors. In this way twenty-five or thirty doctors are advertised into practice over their neighbors, often every way their superiors, except perhaps the teacher of chemistry, who has to be *paid*, as the public have little use for his wares.

Other professional men, observing the success of this shrewd trick to inveigle the public, and seeing no other way to keep even in the race, organize another school, and the community is startled by the announcement of as many more professors in medicine born in a day. Thus a city of a hundred thousand inhabitants may boast two or perhaps three medical schools, equipped and in full blast with large classes, *where fifty properly-qualified students it might be difficult to find.*

By "beating the brush" in all directions and offering all admission who apply, with or without education, with or without money or price, in this way are large classes collected; and if the graduating-list of either school is not quite satisfactory (on account of the nine-months' short-cut), there is generally timber enough near at hand, none the worse for having been used, half a dozen or more "*ad eundems*" are added, and the bill is filled, the effect upon the public satisfactory, which of course is the end sought.

But what effect on the profession has the conduct of these schools? The means used by one party to secure pupils being regarded as dishonorable and unfair by their competitors, personal differences are begotten, which extend to all of the rings or cliques composing the faculties. In many instances so intense is the hatred thus engendered that it is shared by the friends of the doctors in the several schools, thus filling the social atmosphere with its pestiferous blight; and any physician who may have the temerity to express his opinion concerning these great advertising frauds on the profession and public is at once ostracised by the aggrieved faculty, amounting to a system of blackmailing, and ever thereafter treated as a personal enemy. This discord further finds expression in the conduct of medical societies, in efforts to rule or ruin the same, in combined and well-concerted efforts to ruin the reputation of physicians whose only crime is that they are not of their party. It intrudes itself into the private chambers of the sick, no less than the medical management of all public charities and sanitary boards, creating divisions where the profession should be a unit. Finally the social status of the profession in the communities cursed with these rings is so disgraceful that every intelligent and right-minded physician feels compromised and ready to rue the day of his identification with a profession thus dishonored. Neither is this all; indeed the worst effect remains to be told, that which humiliates and breaks down the claim of the profession to rank with the learned professions; viz., the sending forth yearly, if not oftener, hundreds of young men certified by diplomas to be competent to assume the responsibilities of a medical and surgical practice, when they have not the first qualification for the duties of either.

Thus havê we enumerated some of the evils arising from this method of professional advertisement, and which go far to confirm the statement so common that "our medical schools are the curse of the profession." I see it stated we have from ninety to one hundred medical schools in the United States, while a dozen would be sufficient for the next half century; but we are at present, through the school-instrumentality, so effectually advertising eight hundred or a thousand doctors that they secure the choice practice in all of our great centers of population in a manner *seriously damaging to the remaining fifty thousand physicians.* A large portion of the thousand professors thus lifted into prominence, it must be conceded, rely entirely upon the school-advertisement for the prestige and practice they enjoy, while thousands in the profession, their superiors, remain in comparative obscurity.

Believing the time fully come when it is the duty of all true friends of the profession to co-operate to make efficient the most hopeful measures for the speedy arrest of the prevailing cheap, short methods of entering the medical profession, we present it on the present occasion as a subject in which the medical press has a large share of responsibility. In so far as the press may be subordinate to and issued in the interest of advertising schools, opposition to any feasible plan of reform may be anticipated, as it would disturb "Othello's occupation."

Some doctors profess to believe that "as the masses improve so will the average doctor," that the supply will meet the demand, than which a greater fallacy was never conceived. Is not the average intelligence of the masses in the United States equal at least to the masses of Europe? Yet the doctors of this country do not compare with those of the European states in general culture or medical acquirements. Let no one deceive himself. In every country where the doctor stands high the entrance to the profession is guarded by a state board, not instituted to protect the doctor against quacks, but to protect the community against incompetent doctors.

The term *cheap* is not intended to apply to the cost of a course of medical lectures so much as to the cost of education to qualify the young man to matriculate for a course of lectures. To acquire a good English education, with some knowledge of the Latin, is the work of years and takes money. If the pupil has not money, but works a part of his time to defray expenses, it takes longer, and is still expensive in labor, individual effort, and self-denial. These years of mental discipline and training to study are not simply indispensable to his comprehension of the scientific terms used in the profound philosophical dissertations in some departments of medicine, but to the scientific nomenclature of constant occurrence in every department, also to that refinement and gentlemanly bearing which ever marks the properly-educated physician. Every student of medicine should at least be acquainted with the rudiments of the Latin language, so much as might be acquired by an adult in one year.

A student thus trained to study, with the habit of application acquired before entering the medical college, will acquire more in one term of lectures than the uneducated can in half a dozen courses. Admitting to medical studies untrained youth is what is depreciating the medical diploma of the schools in the United States the world over. The facts on this subject are fast becoming known throughout the civilized world, and America is fast becoming the promised land for the quacks and impostors in medicine of the world. The men who fail to pass the government boards for license either in Europe or South America flock to the United States for an open field.

For a long time the great body of the profession, appreciating these evils, looked to the American Medical Association for a plan of reformation which should be at once universal and equitable. A convention consisting of school-men was organized, and they met two or three years in succession, and finally adjourned *sine die* without doing any thing; and it was simply absurd to expect them to do any thing, as the only thing that would do any good—viz., fix a reasonable standard of acquirement for admission—would have put half of their schools out of existence in one year for want of material. Seeing that the schools are powerless, because they can not be brought to act in good faith as a unit; that the American Medical Association has tried and signally failed to stay for a moment the tide which is bearing us on from bad to worse; seeing that the state societies have tried to interpose some barrier, which has proved equally futile; a leading element in all state medical societies, being interested in some medical school, they always see to it that no movement likely to be effective is had, for the simple reason that it would embarrass their medical school.

We are told "the members of the profession at large are to be blamed for sending such material to medical colleges," but we have reason to believe that a large portion of the men who are least prepared never study in a physician's office or receive any encouragement whatever from physicians to engage in the study; they go on their own responsibility.

After the examinations had closed this spring in St. Louis one of the gentlemen who had been rejected by one of the medical faculties called on a physician of my acquaintance to get circulars giving information of the "*spring-term graduating* medical colleges," the object being a diploma. We judge him to be of the class reported by a correspondent of the Boston Medical Journal at Ann Arbor, Mich., as occurring at the entrance examination of the Medical Department of the Michigan University, as follows: He was nineteen years old, had been to school four years, and had studied medicine one year with his father, a physician in active practice. In answer to questions he said that Germany was in South America; Europe, Asia, and Africa were also there; Russia was in North America; New Orleans was northeast from Indiana; water freezes at thirty-three degrees below zero, and boils at one hundred and two above; the torrid zone is hotter than the frigid on account of climate; summer is warmer than winter because of temperature; all animals are called quadrupeds; mosquito is spelled m-o-c-q-t-o; and if two apples cost three cents, twelve will cost thirty-six cents. He could not give the boundary of his native state. Indeed the only questions which he answered correctly were as to the capital of his state and the location of the Amazon, with which it is fair to remark he associated the Nile and the Niger. Of course it is unnecessary to say he was rejected; but it is pertinent to add that he departed in high dudgeon at the action of the faculty, evidently thinking that he had passed a very creditable examination, and declaring his intention to immediately favor a certain other school with his presence and patronage.

This illustrates the truth of what we have said, that the schools can not remedy the evil because they never will act as a unit, and that schools that would cheerfully institute an entrance examination would simply turn to other schools the incompetent, without excluding them from the ranks of the profession finally.

The question is not whether the teachers in our medical schools do not teach faithfully for reputation or advertisement, but whether they do not do a bad thing for the profession and the people by gathering a class of incompetent men to get a chance to teach; receiving men as medical students who *can not be taught* the medical profession, and returning the same to their homes as physicians licensed to practice medicine and surgery to the imminent peril of life and limbs. It matters little how good the seed or how carefully sown, if it "falls on stony places without depth of soil," it is lost. What we deplore is the multiplication of schools simply to create reputation for a *few* men at the expense of the *many* by multiplying doctors of inferior grade.

We have seen that if a few schools institute entrance examinations, just as they advance to a reasonable standard of qualification will they succeed in excluding the great body of applicants, who will seek schools where no questions are asked; hence we see but one effective way, viz., *a state board*—a law making it necessary for all to obtain license from this board who enter upon the practice in the state—which would at once deter a large portion of the incompetent from selecting the profession of medicine for their life-business, seeing their education was insufficient.

We have encouraging indications on all sides that the great majority of the profession and people are approaching common ground on this subject from the various efforts at legislation the past year, verifying the statement that "history repeats itself." A law to this effect exists and is rigidly enforced in Germany, Austria, France, England, and nearly all the prominent countries of the world. From the report of examinations in Germany for the year 1874 about twenty-five per cent of the candidates were rejected, the total number of graduates in Germany that year being six hundred and sixty. The graduates in the United States the same year number three thousand. The population of Germany is forty-two millions; that of the United States about the same.

It is sometimes said it would be a political affair, politicians would appoint politicians; others say, what do lawyers and legislators know about medicine or medical men? Let them keep to their own business. I believe the fact is that the governors, without the aid of the senate, made good appointments for medical boards during the war. The demand for physicians was so great that the boards passed many men not the most competent, but they were painfully aware of the fact at the time. The army and navy have no trouble to get good boards, who have done a good work for the public service since the government was founded. Is not the citizen as deserving as the soldier? Do the objectors honestly fear that good boards would not be appointed, and that justice would not be done; or rather is it more probable that the fear is that justice would be done, and by refusing incompetent graduates license reflect on the college from whence they came? We can conceive of but one objection worthy of notice, and that is that the poor students might omit to pay the fee to the college for a diploma, seeing they have a fee to pay the state in any event before they could get license to practice. In this way a small amount of money might be diverted from the college to the state.

The appointment of the examining board by the state medical societies is open to more objection than by the governors and senate, as it would stimulate lively "log-rolling" by friends of rival schools to get their friends appointed.

Having been appointed on a committee in a neighboring state for soliciting legislation, we repaired to the seat of government when the legislature was in session and presented our plan for a law, and secured its reference to the committee of the judiciary. The following is a copy of the law recommended:

AN ACT FOR THE BETTER REGULATION OF THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF . . . . .

SEC. 1. Be it enacted by the people of the state of . . . . . . represented in the general assembly, that a board of medical examiners shall be constituted, composed of members residing in the state, who shall be graduates of some chartered medical college, men distinguished for their acquirements and ability in the medical profession.

SEC. 2. Their term of office shall be . . . . years, and until their successors shall have been appointed and duly qualified. The board shall consist of seven members, five of whom shall constitute a quorum to transact business.

SEC. 3. The examining board shall hold two sessions in each year, one commencing on the first Tuesday of April and the other on the first Thursday of October. They shall remain in session from day to day until all applicants who present themselves shall have been examined. Place of meeting, ...

SEC. 4. The examining board shall be nominated by the governor and confirmed by the senate.

SEC. 5. Any person proposing to engage in the practice of medicine or surgery, or any branch thereof, in the state of . . . . . shall make written application to the board, asking examination at the first sitting or convenience of said board.

SEC. 6. It shall be the duty of the applicant to transmit with his application a fee of . . . . . dollars. It shall be lawful for any applicant, after having filed his application with the board and their acknowledgment with the county clerk of the county in which he proposes to practice the medical profession, to engage therein at once in said county, but not elsewhere.

SEC. 7. Should the said applicant fail to present himself for examination at the appointed time, or fail to receive the sanction of the board, he shall have no legal claim to fees or compensation for services rendered prior to his examination, and shall cease immediately thereafter from the practice of the medical profession in said state.

SEC. 8. It shall be the duty of the board of examiners carefully and faithfully to examine each candidate for license on the sciences of anatomy, chemistry, physiology, surgery, materia medica, obstetrics, pathology, etiology, and diagnosis, omitting the customary examination on therapeutics or the *modus operandi* of medicines; to grant license to such only as have sustained a satisfactory examination; and all examinations shall be conducted in the presence of a quorum of the board.

SEC. 9. All persons who may engage in the practice of medicine or surgery, or any branch thereof, in violation of this act shall not be entitled to collect any compensation. Any party charged with the violation of this act may be arraigned before a justice's court, and on conviction be fined . . . . . dollars for each and every offense.

SEC. 10. The board of examiners shall elect yearly one of their number to perform the duties of secretary and treasurer, whose duty it shall be to keep a faithful record of the proceedings of the board, and after paying the necessary expenses attending the sittings of the board, including cost of certificates, pay the balance into the state treasury.

SEC. 11. The certificate shall be drawn on parchment, signed by the members of the board, and countersigned by the governor and secretary of state, with the seal of the state attached.

SEC. 12. Each member of the board shall receive when on duty . . . dollars a day, to be paid by the treasurer of the board as required from fees received.

SEC. 13. That physicians and surgeons practicing in this state at the time of the passage of the act shall not be required to undergo an examination and procure a certificate as above provided.

The form of a bill here presented is believed to indicate the principles to be embodied in an act on this subject rather than all the provisions in detail which may be necessary or desirable to carry out in the most efficient manner those principles. Where so various and conflicting views are entertained the spirit of compromise must be largely indulged.

It seemed to have the committee's approbation, as they reported it back to the house, recommending its passage; it was read a second time and ordered printed. When we thought all going on well we heard of a hitch by the Chicago delegation, who all at once put their united strength against it, in accordance with a remonstrance from doctors of position and influence in Chicago. Who the signers were we never learned.

Since the effort we refer to a law has been passed by the legislature of Illinois to the effect that every practitioner must have a diploma or certificate from a medical society. Of course such a law would meet with no opposition because it amounts to nothing, except to license incompetent persons and put a few dollars into the treasuries of medical schools. Thus is our statement on the influence of the school-men on legislation demonstrated. While the law above mentioned tends to reduce the number of medical students, it would send into our academies and colleges those who contemplate the study of medicine for a more thorough preparation. Then, as knowledge would be more in demand than a diploma, the school offering the best facilities for instruction would be patronized to make more sure acceptance by the state board. Schools would simply teach, and the school most careful of the preliminary education and most thorough in its methods would be patronized by the best class of students. We believe this method would meet the universal approbation of the profession (not interested in cheap schools) and the public likewise. That one board in a state is ample is demonstrated by the experience in Great Britain, where heretofore they have had in all nineteen boards; but now a law is pending, which all of the colleges concur in, recommending to substitute but one board for them all; having but one gateway into the profession, but one board commissioned to grant license to practice medicine or surgery. If the British kingdom can do with one board, surely one in every state should serve us.

Though the method here proposed of securing a better education of the medical profession is doubtless open to much criticism, yet of one thing there is no doubt, viz., that there is a universal recognition in this country of the necessity of *enforcing through some authority* a suitable grade of education and qualification in the essential branches of the medical sciences of all persons who undertake the responsibilities of practice.

Doubtless the form of government of any people has much to do in shaping their institutions, medical or otherwise. The extreme "mud-sills" of democracy having been reached in government, it may be hoped that the same is true of the institutions, which may have been influenced thereby, and that a reaction may be looked for which, if guided by wisdom and moderation, may land us at that golden mean ever so eagerly sought. Our prayer is that the *coming* doctor of America may have honor in the presence of the great and learned of all nations.

DR. LEWIS ROGERS.—The April number of the American Practitioner contained a biographical sketch of the late Dr. Jas. M. Bush from the pen of this accomplished and admired physician, and it now becomes our painful duty to record his death. He died at his residence in this city, on Sunday morning, the 13th of June, in the sixty-fourth year of his age. Our readers were aware of the fact that Dr. Rogers was out of health, but his friends clung to the hope, until within a few weeks of his death, that his disease was not of a fatal character. We have not space in this number of the Practitioner for such a notice of the life and last illness of our friend as we deem due to his memory. From proceedings which we subjoin it will be seen that provision has been made by the physicians of Louisville for a memoir of his life and character by one of his old friends. At the largest assemblage of the medical faculty of Louisville ever held on such an occasion Dr. R. C. Hewitt, on taking the chair as president of the meeting, made the following remarks:

"*Gentlemen*—The present is to me one of the saddest occasions of my life. A cherished, life-long friend has departed from among us forever. The death of Dr. Lewis Rogers, which has brought together this large assemblage, has probably filled as many hearts with sincere sorrow as any death that ever occurred in the city of Louisville. He was emphatically the beloved physician. I have known Dr. Rogers intimately and well from our academic days up to his dying hour. I have known him as a friend, as a citizen, as a medical lecturer, as a practitioner of medicine, as the head of a family, and as an invalid on his dying-bed. I have known him in his greatest prosperity and in his most crushing misfortunes; and in every capacity and position he evinced such high integrity, such well-poised manliness, such ability, dignity, and courteous demeanor as to win my unbounded admiration and love. As a friend I can not trust myself in an attempt to speak of him as my feelings would prompt. I can say only he was confiding, generous, just, and true. His numerous acts of unselfish kindness filled me with profound gratitude. During his last illness the high and noble qualities that had characterized his active life became most conspicuous. Well knowing the inevitably fatal tendency of his disease, and seeing clearly that the end could not be far distant, his eye never quailed and his courage never faltered. He knew he had filled a long life with deeds of beneficence to his fellow-men, and he had acquitted himself in a manner which ought and I believe did satisfy his own conscience. When the final hour came, with a mind clear and a trust unfaltering, he passed away calmly and peacefully.

"It will be difficult to realize, especially for the members of our profession, that we shall see the familiar face of Dr. Rogers no more forever; and the loss of his wise counsel will long be felt and deplored in the busy ranks of his professional brethren. But in the future history of Louisville he will hold a most conspicuous place as one of her most illustrious citizens and as one of the truest ornaments of his race.''

Dr. T. S. Bell and Dr. L. P. Yandell followed in a strain of eulogy on the character of the deceased, and afterward Dr. R. O. Cowling addressed the meeting as follows:

"*Mr. President*—After the remarks of the several gentlemen who have been life-long companions of Dr. Rogers a more recent member of the profession can have perhaps but little to say; yet I feel that the younger men in medicine should be represented here. Although the measure of his years was far greater than that accorded to the most of men, it can be truly said that Dr. Rogers never lost his youth. To his latest day he entered thoroughly into the feelings of the young, and invited their confidence and affection.

"It seems to me, Mr. President, that we shall long look for the exact pattern of this man and this physician. Was it science that man sought? For forty years he studied the profession of his choice with the same fervor in the last year, indeed in the last few months of his life, as when he first offered himself as a candidate for its favors. Not only his wide-spread practice among the people attested the value which men set upon his skill; but more, the critical jury of his professional brethren—and there is not one of these in this community who has not sought his aid in difficulty—declared him the leader of medicine here.

"But, Mr. President, much as I delight to remember Dr. Rogers as the scientific practitioner, his manly qualities equally or more command respect. Was there ever such an equipoise as shown in his character? Was there ever struck so well the happy mean between dignity and familiarity? He was never cold, never distant, and yet while in his presence every one felt he could approach this true gentleman with freedom. There was always the sense of looking up to the man. He could be warm in his nature without running to the extremes of enthusiasm. He could be exact in his judgment without being harsh. He had the happiest of manners, never for a moment ill at ease, and could drive away all embarrassment from those who sought him. Patient, good-tempered, energetic, systematic beyond all comparison, conscientious, full of the dignity of manhood, brimful of respect for his profession, incapable of doing a single act which would lower its dignity, where could be found a fitter character for a physician? And these qualities placed him not only among the foremost men in physic in this community, but gained him fame in American medicine.

"While I have known Dr. Rogers as long as I can remember, it was ten years ago that I first came in contact with him as a member of the profession. I had the good fortune then to hear his course of lectures—the last, in fact, he ever delivered—before the University of Louisville. Plain of speech, indulging in no rhetoric, his lectures were interesting to the last degree. There was the earnestness of truth about them, there was so much that was practical, a vein of such common-sense ran through them, that every student in the class was impressed with the fact that now was the opportunity of his life, that these were the dicta of a master.

"Mr. President, I trust you will allow me to relate an incident here which, although of a personal nature, will illustrate the manner in which this physician gained the confidence of those who sought him. Several years ago I was attending one very near to me desperately ill with inflammatory rheumatism. Cerebral symptoms set in, and I became alarmed beyond measure. In my distress I sought this great physician. I shall never forget our interview. It was a stormy night in March; the snow and the wind were driving without, while with even more unsettled feelings I sat in his office awaiting his return. He came at last; greeted me with such kindly greeting; listened so attentively to the tale I told him with heart in mouth; and then, when I expected him to give me some counsel, or to say, 'Doctor, to-morrow I will see this case,' this old gentleman, so delicately built, worn with the day's fatigues, turning from the cheerful fire, from the anticipated pleasures of the evening meal with his family, said to me, 'Come, doctor. let us go now.' And when we had driven far away through that storm, when I saw the patient, the painstaking manner with which he investigated the case before him, sifting to the uttermost every symptom, with such tenderness for pain, and withal such firmness for his patient's good, when I heard his wise decision, and when I saw afterward his unremitting care in conducting the case to a successful issue, I saw the secret of his life; I knew why he was judged among the first of physicians and of men.

"Mr. President, as man and boy I have lived in this community more than a third of a century. I have known the name of Dr. Lewis Rogers as long as I have known any thing. I have never heard it mentioned except with honor, respect, and love."

Dr. T. S. Bell, chairman of the committee appointed to draft resolutions of respect to the memory of the deceased, submitted the following paper, which was adopted by the meeting:

"The profession of medicine has rarely ever been called upon to commemorate a sadder affliction than that which has called us together to-day. The death of Dr. Rogers has fallen on us with crushing weight. In his life we have all found that nobleness of conduct which we love to think should be a blessing inherent in our profession. He was ever so true to professional virtue, so thoroughly devoted to each and all of its demands, so well equipped for its requirements, and ever so ready to meet them all, that as we contemplate our loss we feel that the calamity to the community and to ourselves is immeasurable. A forest has been swept away rather than a single tree. That exquisite portrait of the patriarch of the medical profession of New England, drawn by the master-mind that still adorns alike medical teaching and poetry, gives such vivid lineaments of our deceased professional brother that it might have been limned for him:

"'Simple in youth, but not austere in age;
Calm, hut not cold, and cheerful though a sage;
Too true to flatter and too kind to sneer,
And only just when seemingly severe;
So gently blending courtesy and art
That wisdom's lips seemed borrowing friendship's heart;
Taught by the sorrows that his age had known
In others' trials to forget his own.
As hour by hour his lengthened day declined,
The sweeter radiance lingered o'er his mind.
Cold were the lips that spoke his early praise,
And hushed the voices of his morning days;
Yet the same accents dwelt on every tongue,
And love renewing kept him ever young.'

"The social and professional merits of Dr. Lewis Rogers were so conspicuous that they seemed to be universally known and accepted. That ideal of professional excellence that has often been uttered by those who knew what the plastic virtues of medical study and practice should form seems to us who knew him most intimately to have been fully realized in him. He was ever ready at the call of suffering, ever ready in his thorough devotion to all the powers for relief that his studies of all that the masters of medical science and his own immense experience had taught him were provided for such occasions. He was alike equipped in diagnosis and treatment. He was kind, gentle, and dignified in his bearing alike to patients and to his professional brethren. Nothing in his character was more beautiful and magnetic than his intercourse with the juniors of the profession, to whom he was ever ready to extend a kind and helping hand, to aid them in smoothing the rough walks in professional practice.

"The example of Dr. Lewis Rogers as a life-long student is not less instructive than his pre-eminence as a practitioner. He was ardent in his studies of every thing that could enlarge his powers as a physician. In this he never faltered or grew weary. His mind was well filled with all that the past experience of the cultivators of medical science has taught as true and useful, and with all that contemporaneous teachers present as worthy of acceptance. He was emphatically the architect of his great, useful, and prosperous career. He may have owed something of introduction to extraneous circumstances, but the firm grasp and tenacious hold were his own work.

"The position of Dr. Rogers in his profession is the most emphatic testimonial to his great merits. His immense practice during a period of nearly forty years, and the unbounded confidence reposed in him alike by his professional brethren and the recipients of his medical skill, are conspicuous evidences of the greatness of his merits. In rising to the highest walks of professional honors he proved himself equal to every emergency. He fulfilled in all the distinctions conferred upon him that excellence which Lord Thurlow announced as laudable ambition. He did not seek distinctions; they sought him. In the chairs filled by Dr. Lewis Rogers in the Medical Department of the University of Louisville he fully justified the anticipations of his friends, glowing as they were; and when he was elected president of the Kentucky Medical Society his elevation caused an almost universal approval among the members of the profession, not only among the voting members of the society, but throughout the ranks of the medical fraternity. His performance of the duties of this high office commanded the general approbation of the physicians of Kentucky.

"The meeting of the American Medical Association, held in this city in May, 1875, found Dr. Rogers prostrated with illness. It was delightful to see the great minds of that association, delegated from all parts of the United States, gathering around the bed of the sufferer, offering their warm sympathies, and rejoicing that they were able to do that much for this great occasion. The professional virtues of Dr. Lewis Rogers had deeply endeared him to the whole profession, alike to its humblest and its most exalted members. But few beds of sickness were ever encircled with a larger amount of professional greatness and love.

"In view of the rare and diversified excellences of the character of our deceased professional brother; in full recognition of the fullness of his professional virtue, whether devoted to preventive medicine or to struggles to wrest the domain of life from the invasion of death; and of the thoroughness with which he met every demand upon his medical science and his large humanity, we feel honored in the opportunity of uttering our testimony to the unrivaled merits of Dr. Lewis Rogers. His professional life is a fruitful example of the power of the true medical worker to attain the highest success in all that adorns humanity in its noblest and most worthy phases; and we may reasonably indulge the hope that the rich fruitage of the prolific plant of that professional life may rouse the noblest incentives among us all, to cultivate each and every opportunity of our vocation for similar fruits. Though death has grasped the body of our distinguished co-worker in the broad fields of humanity, his example lives in his noble deeds, and should be cherished by every one who desires to lead a life of professional excellence.

"It is a matter of true joy to us who enjoyed the most intimate relations, social and medical, with him to know that the high, unchallenged position he held in our esteem was fully recognized and indorsed wherever he was known, and that was over the large circuit of cultivated medicine. In London, Dublin, Florence, and Paris he was recognized and accepted as a notable representative of medical science and philosophy.

"In full recognition of the potency of the claims of the late Dr. Lewis Rogers to our admiration and respect, in a full assembly of the medical men of Louisville, let us act in a manner worthy of the occasion; therefore be it

"*Resolved*, That we cherish the most lively memories of the long-recognized virtues and pre-eminent gifts of our deceased brother in the cultivation and practice of the science of medicine.

"*Resolved*, That we recognize in him one of the noblest exemplars of the purity, the goodness, and greatness of our profession, and we point to his professional life as one worthy of the closest study and imitation.

"*Resolved*, That we tender to the family of Dr. Lewis Rogers our profoundest condolements and sympathies in the great bereavement that has fallen upon them.

"*Resolved*, That we shall attend the funeral of our deceased brother, and join with the rest of the city of Louisville in giving fitting tributes to his great career as a physician.

"*Resolved*, That Prof. L. P. Yandell be requested to prepare a biographical memoir of Prof. Lewis Rogers.

"*Resolved*, That these proceedings be published in the city papers, and that the conductors of medical journals throughout the country be requested to publish them in their respective journals.

At a meeting of the Medical Faculty of the University of Louisville a committee, consisting of Dr. D. W. Yandell, Dr. J. W. Holland, and Dr. L. P. Yandell, jr., was appointed to draft resolutions of respect to the memory of Dr. Lewis Rogers, whose death had been announced by the dean. The committee submitted the following, which were unanimously adopted:

"*Whereas*, God in his all-wise providence has been pleased to remove from the scene of his earthly labors our revered and honored professional brother, Dr. Lewis Rogers, a man equally distinguished for his medical learning and skill and his social virtues, and long an esteemed member of this faculty; and since it is becoming and proper that we, who have known the deceased so long and under circumstances so favorable to a just appreciation of his moral and intellectual worth, should give some expression to the sentiments of respect which we cherish for the memory of our departed colleague, preceptor, and friend; therefore

"*Resolved*, That in the death of Dr. Lewis Rogers the medical profession and the community of Louisville have lost one of their leading members and brightest ornaments, a citizen universally esteemed, and a physician admired at home and abroad for his sound practical wisdom and his thorough professional attainments.

"*Resolved*, That Dr. Rogers, in his entire and exclusive devotion to his profession, and his diligence in the discharge of its duties during a long life-time, to the last keeping pace with it in its steady advancement, and in his scrupulous observance of every professional courtesy to his patients and his medical brethren, has left behind him an example of dignity, fidelity, and success which may well be held up to the profession every where as worthy of imitation.

"*Resolved*, That we deeply sympathize with the family of Dr. Rogers in a loss which to them may be truly styled irreparable.

"*Resolved*, That these resolutions be spread upon the records of the faculty, and that a copy be forwarded by the dean to the family of the deceased and to the daily press of Louisville."

Similar resolutions were adopted by the College of Physicians and Surgeons of Louisville and by the Louisville Academy of Medicine, of both of which societies Dr. Rogers was an honored member. As a practitioner of medicine Dr. Rogers had long stood at the head of his profession in Louisville, and as a teacher and writer his fame was co-extensive with his country.

THE AMERICAN PRACTITIONER.

AUGUST, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

TREATMENT OF CHOLERA INFANTUM.

BY LEVIN J. WOOLLEN, M. D.

By *cholera infantum* I mean the disease described under this name by Condie and other of the older authors. Some recent writers on diseases of children treat it under three heads—viz., cholera infantum as resembling Asiatic cholera, entero-colitis, and inflammatory diarrhea—but every physician of experience knows that a case of what is generally termed cholera infantum before convalescing may pass through all three of these conditions.

Irritability of the stomach, the little patient almost immediately vomiting whatever is swallowed, is usually the first and one of the most important symptoms. How is it to be treated? Rest for the stomach is of the greatest importance. A tea-spoonful of ice-water may be given every few minutes; and the only medicine advisable is one sixth to one fourth of a grain of calomel, which may be given mixed with a little sugar and sprinkled upon the tongue every half hour or hour. Sinapisms should be applied to the abdomen and to the extremities. I believe the vomiting will be controlled in nearly every case by these means. Milk should not be given to a child with cholera infantum, especially if there is much vomiting, and this rule is equally imperative whether the child be weaned or not. Instead of milk, it may have the white-of-egg mixture or barley-water or oatmeal gruel. Sometimes prepared gelatine is useful; but no single article of diet agrees in all cases, and the practitioner only learns by a trial of one and another as to that which is best adapted for a particular case. After the acute symptoms have subsided fresh cream diluted with water may be given; and as the patient gets better the mother may again give it the breast, if not weaned.

Our attention will next be turned to the diarrhea which probably has preceded the gastric disturbance and still persists. The mercurial already given has produced a change in the color of the discharges, they having become slightly green or dark. Sugar of lead should now be given, from one fourth to one grain at a dose.

It often happens that almost at the onset of the disease, or else after it has continued for a greater or less time, symptoms of approaching collapse are manifested. The child has obstinate vomiting with large and frequent stools; the surface is cool and the countenance pinched and shrunken; there is intense thirst, the patient drinking cold water with great avidity, and almost immediately vomiting it. Here again the treatment previously mentioned, small quantities of ice-water frequently given, fractional doses of calomel, and the application of sinapisms, and in addition injections of brandy and water with a little laudanum, the quantity proportioned to the age. When the vomiting ceases sugar of lead should be given.

If entero-colitis occurs, I usually give the sugar of lead in combination with pepsin, or else simply with gum-arabic, alternating the remedy with pepsin and bismuth. Undoubtedly children bear much larger doses of lead than some of our authorities teach, and the agent may be continued for weeks without causing lead-colic. Carbolic acid and glycerine and water may be used with benefit as an injection; although soon ejected, yet its retention should be secured as long as possible by pressure against the anus. When the disease becomes chronic—the fever subsided, the patient emaciated and suffering with large, thin, colorless stools—tannin may be added to the lead with good results.

In the latter stages of the disease we seek by suitable nourishment to keep up the patient's strength until cool weather shall complete the cure. Whatever is nourishing, and after a cautious trial has been found to agree well with the patient, may be allowed; but, as a rule, milk, especially in the early stages of the disease, will be found to aggravate most cases, and should positively be prohibited.

Attention should be paid to the condition of the gums. A few years ago nearly every physician made a practice of scarifying the gums when swollen in this disease. Of late years many physicians doubt the propriety of cutting the gums, and some good modern books on the diseases of children advise against the practice. I suspect that many of those who oppose scarification of the gums have not been accustomed to pursuing that line of practice themselves or of witnessing it in others. I hold that no one is a competent judge of the matter who does not know from actual experience and observation what to expect from such practice. I have scarified frequently in infants, and have never regretted doing so in any case. Few physicians perform this little operation in a proper and thorough manner. Many are content with making an incision along the line of the gum immediately over the tooth. In some cases the gum will heal, and the cicatrix left after this operation causes the tooth to be longer in making its appearance than if there had been no incision. Then again others make a crucial incision over the crown of the tooth, which is an improvement on the first method, but will not answer in all cases. After the crucial incision is made it will be necessary to pass the point of the knife down between the gum and tooth, and press the gum away from the tooth.

In some children, especially those born of consumptive parents, the brain is very liable to become affected, constituting that incurable form of disease known as *tubercular meningitis.* Occasionally the children of healthy parents may be attacked with meningitis during the progress of cholera infantum. In some cases there is a peculiar, sharp, piercing scream uttered by the child before the supervention of convulsions; in others the convulsions may be the first warning that the physician has of the occurrence of brain-lesion. However this may be, the case will, as a rule, prove fatal, and but little can be done by treatment. To moderate the force of the convulsive actions of the body the inhalation of chloroform will be useful. If the case do not rapidly prove fatal, an effort at cure should be made, and for this purpose I know of no remedy superior to iodide of potassium. I have seen one case recover under the use of this drug after repeated convulsions had occurred.

I have not alluded to the importance of fresh air in the management of this disease. It is so universally known that pure, fresh air is an indispensable adjunct in the treatment of cholera infantum that I have considered it superfluous to urge its importance.

VEVAY, IND.

GALLIC ACID IN THE TREATMENT OF ALBUMINURIA FOLLOWING SCARLATINA.*

BY J. T. JAMESON, M. D.

I wish to call attention to the use of gallic acid in the treatment of albuminuria as a sequel to scarlet fever, with which in a few cases I have met with marked success. My experience with the remedy has been as follows:

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was œdema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bitartrate of potassa. This was followed by iodide of potassium and a tea-spoonful of a saturated solution of gallic acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occurred in a girl about six years of age. The eruption was very livid and the skin had desquamated.

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* Abstract of a paper read before the Chenango County Medical Society, N. Y.

The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became œdematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a tea-spoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

Remarks.—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of niter, acetate of potash, etc.; but if future experience should confirm the efficiency of gallic acid, I can not but think we shall possess a remedy superior to any of the above. The gallic acid, if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secernent portion of the kidneys, acting as an astringent and tonic upon them, promoting their contraction, and thus arresting the exudation of red blood-corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use of a mild laxative. If in the commencement of the case there should exist considerable fever with coated tongue, I think that it would be well, prior to the exhibition of gallic acid, to act pretty freely upon the bowels by a brisk cathartic.

South Otselic, N. Y.

A CASE OF ATHETOSIS.*

BY JOHN L. COOK, M. D.

The history of this patient—Henrietta Spalding, colored, about twenty-six years old—is, according to her statement, as follows: Some fifteen years ago she had a convulsive attack, succeeded by loss of speech and of motion. She had to be tied in a chair, like an infant, to prevent her falling out; and too, like an infant, had to be taught again to walk and talk. From this time too she frequently suffered with severe headache. The most striking symptom in her present condition is that the fingers of her right hand are in constant motion, exhibiting various involuntary contortions. The hand is flexed on the wrist, and its position can not be changed without the help of the other hand. She suffers from pains in the forearm every fortnight. The thumb is flexed on the palm of the hand, and she can not extend it. The toes of the right foot, like the fingers of the right hand, are in motion, though the movements are less active.

Athetosis is a disease of which little is known. So far as can learn, only two cases have been recorded; one occurring in the practice of Dr. Hammond, of New York City, and the other in that of Dr. J. C. Hubbard, of Ohio. Prof. Barker, of New York, has met with a case, but it has not been reported. Dr. Hammond first recognized this disorder as a distinct affection, and gave it the name *athetosis*, from *adetos*, "without fixed position." No opportunity for a post mortem having offered, the pathology can not be said to be more than merely conjectural.

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* Read before the Henderson Medical Club.

Returning to the history of my patient, how explain her convulsive attack with the subsequent motor paralysis and loss of speech? Possibly this attack was apoplectic; rupture of a blood-vessel somewhere in the left anterior lobe of the brain, the island of Reil and *corpus striatum* being more or less involved, occurred. An intimate relation between diseases of the structures just mentioned and aphasia with right hemiplegia has been established by numerous observations. My patient had aphasia with right hemiplegia, both continuing some months; and even now her gait is defective, the cause being some brain-lesion.

Hammond cites many examples to prove that diseased conditions of the third left anterior cerebral convolution and structures in the same region may impair the recollection of words altogether, leaving the other faculties of the mind perfectly free; so that the victim may understand and enjoy the conversation of friends without being able to say one word in reply or make any suggestions by express language, this too when the tongue is entirely free in its movements. Or words may be uttered, but are miscalled; for example, the patient may look at a book and call it a chair, and *vice versa*. Still the person knows what he desires, and when the article called for is presented it is always accepted, demonstrating that the mind is not involved; in fact some of the affected attend to their ordinary duties.

My patient has recovered from the aphasia and from the hemiplegia, but there remain the motions of fingers and toes, probably because some permanent injury has been done the left *corpus striatum* at the time of the first attack. The fibers of this structure, connecting with the spinal cord and nerves supplying different parts of the body, seem to be motor.

As to treatment little can be said. If the pathological state be incurable, its manifestations must also be so. Electricity might be faithfully tried, and the general course of treatment may rest upon rational principles.

HENDERSON, KY.

AN EPIDEMIC OF DIPHTHERIA.*

BY C. B. JOHNSON, M. D.

About the middle of September, 1874, Tolono and the surrounding country were visited by a severe epidemic of diphtheria. The first case occurred five miles north-west and the second within the limits of the town, and in about a week there was a third case three miles south, which I saw with the attending physician. Each case was treated by a different practitioner, and all proved fatal. From this time the disease was quite prevalent until the middle of October, when it commenced gradually to abate. In the great majority of instances the subjects were less than fifteen years of age. Toward the last some adults suffered from the disease, but very generally in a mild form. Usually where a child had an attack, if there were other children in the house, all would ultimately have it. Exceptionally only one out of a family would be sick, and in one or two instances *all* but *one* of a number of children would have the disease. Every grade of severity was seen. Some cases were so mild as to give rise to but little inconvenience even, while many were serious and some malignant. I treated in all about fifty cases, and saw perhaps as many more in the practice of other physicians. Seven of my patients died, and of these I propose a brief history. The first three were sisters.

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* Read before the Æsculapian Society of the Wabash Valley, November, 1874.

Case I.—Nellie D., aged seven, taken sick September 19th. Saw her September 22d; found the tonsils and velum palati covered with an ash-colored deposit, tongue heavily coated with a yellowish fur, fetid breath, anorexia, glands of neck swollen and tender, fever and thirst. Quinine and brandy were given freely, a solution of chlorate of potash ordered as a drink, and once in two hours a tea-spoonful of a prescription known in Tolono as "Miller's acid mixture," the formula for which is one ounce each of tinct. of iron, muriatic acid, and chlor. of potash, four ounces of simple syrup, and twelve ounces of water. Milk and beef-tea were directed to be given plentifully. In a day or two very obstinate constipation took place, and was finally overcome by repeated large enemata. The condition of the patient continued to grow more unfavorable. The disease invaded the nares, manifested by a fetid discharge from the nose; the throat became more and more infiltrated, and a great aversion for food was shown. Nutritive injections were now resorted to, but the girl died the sixth day from asthenia and blood-poisoning.

Case II.—Emma D., aged four, was seized September 29th. In addition to the means used with her sister I endeavored to apply astringents to her throat, but the discomfort and resistance on her part were so great that the attempt was abandoned. Emma had an extreme disgust for food, and it was with great difficulty that she could be induced to take medicine. The nares were not involved to the same extent and there was no fetor of the breath as in Case I, but the patient soon became livid, and died in fifty hours.

Case III.—Katie D., aged eleven, had a very mild attack when Case I was sick, and was apparently convalescent, when she was allowed to get her feet wet. Her disease on the 29th of September was seemingly confined to the throat. She was treated much in the same way as her sisters, and in two or three days she again grew better. Her parents now quit giving medicine, and she was allowed to expose herself a second time, both contrary to my advice. In a short time croupal symptoms were developed, and the case soon became alarming. In addition to former treatment she was made to inhale vapor from lime-water and lactic acid, but despite our efforts the case ended fatally four days after croupal symptoms supervened. For the last two days of Katie's life she had aphonia and suffered urgent paroxysms of dyspnœa. Her older sister subsequently had a severe attack of diphtheria, but made a good recovery. A brother escaped entirely.

Case IV.—Annie S., aged seven, seemed to be a mild case. On October 2d prescribed the usual remedies. October 4th, seemed to be doing well; treatment continued. October 9th, was sent for in great haste; found the disease had evidently invaded the trachea; the patient had stridulous cough, and breathed with extreme difficulty. I directed inhalations of the vapor of lime-water, iodine, etc., and gave whisky and quinine. The symptoms rapidly grew worse. At the suggestion of a medical friend who saw the case with me gave six drops of a solution of bromine once every three hours. Nothing, however, did any good, and death occurred in twelve hours. In this and in the case immediately preceding tracheotomy was suggested to the family as the last and only hope, but was rejected in both instances.

Case V.—J. R., aged two years, male, fat and robust, I saw September 30th; found the tonsils much enlarged and throat covered with ash-colored patches, fever high and cough hoarse; treatment as in former cases. October 2d, throat apparently no worse, but fever of a more asthenic form. Ordered stimulants freely and continued other medicine as before. October 3d, summoned in great haste, but when I reached the house the patient was dead. From what the mother said, I think the disease had involved the trachea, and the child died of suffocation.

Case VI.—October 10th saw Nellie R., aged two years. Unable to make a satisfactory examination of the throat, but finding the glands about the neck enlarged and the child feverish I suspected diphtheria. Ordered quinine and acid mixture, a solution of chlor. of potash and of sulph. of soda, to be given alternately once in four hours; applied hot salt to the neck. Next morning patient was reported by its father much better; directed the medicines to be continued. Heard nothing more of this case until October 18th, at which time I was sent for again. Found the tonsils nearly filling up the throat, and covered with ulcers; nares involved and hoarse cough present; glands of neck much enlarged and indurated. In addition to previous treatment ordered a free use of brandy and milk, and directed an energetic use of inhalations of lime-water and iodine. The case continued to grow worse. On the 23d of October patient had convulsions, and died during the night, twelve days from date of attack.

Case VII.—October 23d I saw Emma R., aged fourteen months, who was suffering from paroxysms of dyspnœa and stridulous cough, but as my visit was after night I could not make a thorough examination of throat. Ordered the same treatment as in the last case described. When visiting her next morning found the tonsils greatly enlarged and covered with a grayish deposit; glands of neck swollen. Directed in addition to previous treatment inhalations of lactic acid. The little patient was encouraged to take the breast as much as possible, though it did so with difficulty; was also given a little cow's milk. Death took place October 28th, five days from the time I saw her first.

It will be seen that of these seven cases four died with croupal symptoms, two from asthenia and blood-poisoning, and one from convulsions. There were twenty deaths in the practice of other physicians, making a total of twenty-seven deaths from diphtheria. Of the whole number seventeen were girls, a proportion of nearly two deaths among females to one among males. Almost the same proportion was observed among those that recovered, boys seeming to enjoy a comparative immunity from the disease. If any member of a family escaped, in nearly every instance this was a male. In two families the mothers were affected with the disease, the fathers were not.

I have not been able to ascertain the exact mode of death in all the fatal cases. Two of them that I saw outside of my own practice died with croupal symptoms, and I am informed a number of others perished in the same way; so that I think nearly one half died from an implication of the larynx and trachea. Of the remainder the greater part died from asthenia and blood-poisoning. Four of those who died were of German and nine of Irish parentage, these nine belonging to three families; thus nearly one half of the deaths took place among children of foreign extraction. I do not think these people more obnoxious to the disease than Americans, but explain the difference in mortality by the better nursing and more favorable surroundings in the latter class. Certain symptoms nearly always preceded a fatal termination, the most common being extreme repugnance to food, very obstinate constipation, and a livid hue of skin. These symptoms were usually observed in the cases that died from blood-poisoning, though lividity naturally occurred in nearly all the croupal cases. Sickness of stomach seemed to be a very unfavorable symptom, but was not confined to any particular class of cases. Severe pain in the stomach and bowels was a precursor of death in the neurotic class. I tested the urine in a few instances, but failed to find albumen. Delirium did not take place in a single instance. In a number of cases there would be a lull in the disease, and the patients apparently convalescent; but upon some slight imprudence or exposure the disease returned in an aggravated form, ending too often in death.

As to after-effects among those that recovered, various lesions took place. The organs of speech were most frequently affected; the sense of sight was impaired in one or two instances. Among my own patients no important sequelæ occurred. In two of my cases large abscesses formed on the neck, and required to be lanced.

The epidemic had an unfavorable effect upon other diseases. Cases of typhoid and typho-malarial fevers seemed to be increased in severity. Typho-malarial fever prevailed among children to an extent I never saw before, and was accompanied by a dry, obstinate cough that harassed the subject greatly, depending, I think, upon congestion of the throat. Scarcely any person escaped having more or less soreness about the throat. Nearly every patient suffering from any severe chronic disease died during the epidemic. Eleven deaths occurred from other causes, making a total mortuary list of thirty-eight in the past two months. Nearly thirty deaths took place in as many days following the 18th of September. All diseases seemed to assume a more asthenic type. Aconite, veratrum, and other remedies of this class were poorly borne, while stimulants and sustaining measures had to be increased. Wounds healed slowly, and in a number of instances slight abrasions of the skin produced troublesome sores. In one case a boy received a slight wound of the foot; in a little while the whole part became gangrenous, and the patient died.

No specific cause could be assigned for the epidemic. Dry weather had prevailed to an unusual degree. Nearly all our wells were dry, and the great majority of our people were using water got by digging wells in low places, in many instances where sloughs and ponds had gone dry. But this condition of things exists at the date of this writing to a greater extent than at any time during the height of the disease; and if a cause, it is one still in operation, and the partial subsidence of diphtheria can not be attributed to any improvement in our water-supply. The weather has generally been mild and pleasant. Sharp frosts seemed to mitigate the disease for a time. I think, however, that there will be a final cessation of the epidemic only when all those susceptible within the sphere of its influence have suffered.

As regards treatment, chlorate of potash was freely used in *all* cases, and when the patient was of a suitable age it was given dry and allowed to dissolve in the mouth, thus coming more freely in contact with the affected parts. Quinine was hardly to be dispensed with in any case. Brandy, wine, or whisky was given in the more serious cases. Sulphurous acid was given in solution and by inhalation got by burning sulphur. Persulphate of iron, tannate of glycerine, and other astringent applications were used locally. Among older children these were well borne and seemed beneficial, but with young children they caused so much distress that they had to be dispensed with. External local applications were used in nearly all the cases. Sometimes salt and hot vinegar; hot, dry salt. Tincture of iodine was used in a few instances only. Recently I have been giving sulphite of soda, and am pleased with its effects.

TOLONO, ILL.

HOW IS SMALL-POX COMMUNICATED?

BY A. W. M'DOWELL, M. D.

Small-pox originates from actual contact with the developed scab, from this scab dissolved in water, or from the effluvia of it. It is not communicated by the developing vesicle or pustule, or received from being in a room or car with a person with the eruptive stage commencing. In all cases the disease is caused by the well-developed scab or the matter from it. The following cases illustrate the truth of these assertions:

First—A young man came to the country from New York City, riding in a railroad-car forty miles and in a private carriage six miles. The evening of his arrival I saw him. He was complaining of headache, and thought he had a "bilious" attack. The third day he had a severe sore-throat, and upon examination I found a vesicle upon the end of the uvula. He complained too of his back, and there too a vesicle was found, which ultimately formed a perfect scab and adhered to the shirt. Now the sequel was this: a colored woman, living with her family some distance from the farm-house where the young man was sick, washed this shirt and then her two children's clothes in the same suds; but subsequently, in putting clean clothes on them, she used for one these, for the other those that had been washed on a previous occasion. The first soon had small-pox; the second escaped at that time. Here a scab diluted with water produced small-pox, the clothes being the vehicle of contagion.

Second—A gentleman having a large family of sons and daughters declared vaccination a humbug, and not one of them was vaccinated. A daughter, on her wedding-tour, staid all night at a New-York hotel, where a case of confluent small-pox had died, her room opening into the hall through which the corpse had been carried. In two weeks she returned, and was at a party where many young persons of each sex were assembled, when she complained of being quite sick, and her sister remarked how "feverish" her breath was. I found her next morning breaking out with small-pox; the disease was confluent and severe. But her sister and friends, with her for hours upon the night of the party, this feverish breath exhaled by her in the room, did not have the disease; every one escaped.

Third—A young man having recovered from small-pox a month had his head combed by his mother, and in combing she removed a scab. Subsequently she used the comb upon her own hair, and had a severe attack of small-pox.

Fourth—A neighboring physician, careless about washing, attended a severe case of small-pox. In feeling the patient's pulse some matter from a scab on the wrist adhered to his fingers; and having bushy whiskers, which he was in the habit of rubbing, the matter was lodged in them. His wife received the poison thence, had small-pox, and died.

SOMERSET COUNTY, N. J.

DYSMENORRHŒA.*

BY W. H. LONG, M. D.

The present paper is limited to a consideration of that form of difficult or painful menstruation which dates from the commencement of menstrual life. This variety is among the most intractable of disorders, and is often characterized by the severest suffering. Barnes says "it may be predicted with some confidence that a girl who starts with dysmenorrhœa is doomed to suffer for years, perhaps for life. . . . Occasionally marriage, if fruitful, brings relief; but more frequently the recurring attacks of pain, even if unattended by other causes of distress, increases the irritability of the nervous centers, impairs nutrition, destroys the harmony or correlation of the vital forces, and reduces the sufferer to the condition of a perpetual invalid, enjoying at best only comparative remissions of illness." But as sterility is commonly the consequence of this dysmenorrhœa, marriage, instead of proving curative, much oftener intensifies the disease, and sexual intercourse becomes painful and abhorred.

While not claiming originality for my views, I desire to present the society what it seems to me is the pathology of dysmenorrhœa, and the means for its cure.

Authors upon diseases of women generally agree as to the different varieties of dysmenorrhœa; nevertheless one form commonly admitted seems to me of doubtful existence, viz., neuralgic dysmenorrhœa. More important of remembrance than any classification is this, "that dysmenorrhœa is not a disease, but a symptom of some morbid condition of the uterus or appendages, and its successful treatment demands a careful examination for its cause and its removal by appropriate treatment."

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* Read before the Kentucky State Medical Society, April, 1875.

Dysmenorrhœa is a much more common disorder than we might suppose. While now and again some of those who thus suffer apply to the physician for relief, a much larger number, who have good or at least fair health in the intermenstrual periods, suffer in silence during menstruation, or at least depend exclusively upon domestic remedies.

The symptoms of the variety we are considering differ in no essential particulars from those characterizing the disease in general. In the majority of cases, however, menstruation is delayed from one day to a week, and pelvic pain precedes the flow a few hours or two or three days. This pain is at first usually dull and aching, but gradually becomes acute, and before attaining its greatest intensity is paroxysmal. By speaking of the pain as paroxysmal I do not mean that there are positive intermissions in this suffering, but only remissions. In many cases the pain increases with the first appearance of the flow, and is expulsive in character, being more profuse with each expulsive pain, while in a few the suffering is partially relieved by the discharge. In a very few instances there are shreds of membrane with the usual flow. In most cases the pain is first in the uterus, but thence it radiates in different directions; these painful radiations sometimes becoming more intense than the original suffering, especially in chronic cases.

A careful examination of the cases that have come under my notice, in addition to the doubtful character of the so-called "neuralgic dysmenorrhœa" as set forth by Barnes, with the admission of Churchill that it rarely occurs in women before thirty years of age, justifies me, I believe, in excluding neuralgia as a cause of dysmenorrhœa occurring in girls. Obstruction in the course of the cervical canal from flexions, congenital narrowing, or constriction will be found to exist in a large majority of cases. One or more of these conditions existed in eight of the eleven cases here reported; thus in five anteflexion existed, in one anteflexion with narrow external os, in one constriction of a portion of the canal, in one narrowing of the external os alone. In the remaining cases the uterus was in its proper position and the cervical canal pervious, but the organ was more or less enlarged and very sensitive in all three, and endometritis existed in one. Congestion, with some degree of enlargement, was present in seven of the eight cases of obstruction.

Obstruction to the escape of the menstrual fluid and congestion of the uterus would seem then to be the causes of dysmenorrhœa occurring in girls; and if we take these cases as a guide, we may frequently have both these conditions existing at the same time, to which inflammation may be added; but one will be found to be the result of the other.

Pathology.—It is impossible to say in a case of dysmenorrhœa where flexion exists that the displacement was prior to the first appearance of the menses, or that it results from changes that may have taken place in the uterine tissues, congestion or inflammation being the primary cause. It is probable that the former is the case, as anteflexion is common before the age of puberty, and all cases of flexion that I have seen have been of this kind.

In dysmenorrhœa it is not supposable that the condition of the uterus existing at the beginning of menstruation will remain the same. Scanzoni says "long-standing dysmenorrhœa rarely fails to produce some change of tissue in the uterus, the most common being hyperplastic enlargement." That enlargement, accompanied by nervous hyperæsthesia, does take place there can be no question. Are these changes due to hyperplasia? What are the necessary conditions to produce hyperplasia, and do we have these conditions existing in dysmenorrhœa? The investigations of Scanzoni, Klob, Virchow, and others lead me to conclude that any condition of the uterus that induces constant engorgement will cause increased nutrition with formation of new connective tissue in that organ. Congestion of the uterus at each menstrual period is a physiological condition which the discharge of the menstrual fluid relieving the engorgement should relieve; but where obstruction to the discharge exists the uterus is distended by the retained fluid until it relieves itself by contractions (which are always painful and constitute the expulsive pains) that appear with the flow. In these cases the engorged blood-vessels are not relieved as fully as in cases of normal menstruation, and their walls are more or less distended for several days after the disappearance of the catamenia; and eventually, as a consequence of this recurring monthly congestion, the uterus remains in a state of engorgement or "hyperæmia" during the interval, and the necessary condition for the induction of hyperplasia exists.

We may not be able during the first few months to find any appreciable difference in the uterus during the interval, if the examination be made eight or ten days after the cessation of the flow; but in cases of long standing we will find that organ augmented in size, its sensibility much increased, these conditions remaining throughout the intermenstrual period, and slowly increased by each returning period.

We then have all the necessary conditions to produce either hyperplasia or hypertrophy. It has been demonstrated by the observers before mentioned that these augmentations pertain to the connective tissue only, and they generally agree that hyperplasia rarely takes place in the nulliparious uterus. Dr. Kammerer believes all such enlargements to be due to hypertrophy. Not wishing to make this paper too long, I will state that I have come to the following conclusions:

1. That hyperplasia or hypertrophy, either one or both, may be indnced by long-continued congestion of the uterus from any cause or at any period of life.

2. That hypertrophy of the mucous membrane is undoubtedly induced by long-standing cases of dysmenorrhœa from the same cause.

3. That these changes are not due to inflammation, lacking all the essential elements of that condition.

4. That whether due to hyperplasia or hypertrophy is of little consequence, as the result as well as the treatment is essentially the same.*

In those cases where the cervical canal is pervious the same changes occur. We have in the first effort of nature to establish the function an undue amount of congestion or engorgement that is not fully relieved by the flow. This slight remaining congestion is increased with each return of the period, and thus we have laid the foundation for a case of "congestive dysmenorrhœa." The pain is not so great perhaps as in the "obstructive" variety at the commencement, but increases in a greater ratio. Again and probably oftener several abortive attempts to establish the function may in like manner be the beginning of a permanent congestion.

In one case of dysmenorrhœa with pervious canal we had membranous dysmenorrhœa added after marriage, associated with endometritis. It is probable that the inflammation was excited by sexual intercourse, and the exfoliation of shreds of membrane the result.

Treatment.—In the treatment of dysmenorrhœa our first endeavor should be to remove the morbid condition of which this is symptomatic. Nevertheless this removal does not always relieve the suffering, especially in chronic cases, where the structural changes just mentioned have occurred, and frequently both physician and patient have need of all patience and perseverance in order to complete the cure. In general it may be asserted that success will be more rapid the more recent the case.

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* Since the preparation of this paper last winter I have seen the last (fourth) edition of Thomas's "Diseases of Women," and find that the views expressed above nearly accord with the conclusions formed by that eminent author in regard to hyperplasia. The term "areolar hyperplasia" is proposed by him as a substitute for "chronic metritis," conforming to the pathological condition.

Many girls suffer during the first few months of commencing menstruation, but once the function is fully established this suffering ceases. Here the office of the physician is merely to assist nature. Warm hip-baths of half an hour, and repeated once in eight or ten hours, may be used when pain occurs; so too warm pediluvia and hot fomentations to the lower part of the abdomen are useful. The warm-water rectal and vaginal injections advised by Dr. Thomas I find it almost impossible for patients to use properly. Anodynes may be required. During the intervals iron may be given either in the old combination, with aloes and myrrh, or, as my practice is, with aloes and bromide of potassium.

If after the function is fully established the same or increased suffering is found, we are justified in believing some abnormal condition of the uterus obtains, and in making the necessary examination of this organ. In such examination our attention should be especially directed to changes of form, position, sensibility, size, and to the condition of the cervical canal. Should the canal be obstructed by flexion or other cause, dilatation with sea-tangle tents and then with sponge tents should be used, and this may be done once in four or five days. Five or six hours is as long as a tent should remain at first, but after a few weeks it may be left for twenty-four. After the dilatation is sufficient for a large-sized sponge tent the interval between the introductions of the tents may be prolonged to two weeks, then to three, to four, ceasing only when a permanently open canal is established. In some instances it may be advisable to hasten the process by the cervical incisions of Sir James Simpson, and in cases of very great flexion the operation of Dr. Sims is a more prompt plan of relieving the difficulty, but dilatation is as certain and is safer for the general practitioner. Intra-uterine pessaries are objectionable because of the local hyperæsthesia. But, the obstruction removed, little relief results if there be chronic uterine congestion or any of the structural changes mentioned have occurred. Churchill, Thomas, and Sims unite in stating that "the removal of the obstruction frequently fails to relieve the dysmenorrhœa."

Treatment in these cases may be divided into constitutional and local, and should be used in connection with the treatment for obstruction. The constitutional treatment calls for alteratives and tonics. The iodide of potassium in from five- to eight-grain doses three times a day, or the bromide of potassium in ten-grain doses, is beneficial. I usually alternate them, giving one for two weeks, then substituting the other for the same length of time. Iron or iron and quinine, cod-liver oil, etc., are indicated when there are evidences of anæmia or prostration of the system generally from long-continued suffering. Hysteria, neuralgia, or other symptoms require only temporary attention. Exercise in the open air and sunshine are as good tonics as can be recommended, and cheerful company, with the hope of getting well, will do much toward recovery.

The most important part of the treatment is the local. Alterative applications made to the internal surface of the uterus by their counter-irritant effect "so modify the diseased action that its progress is checked and eventually healthy action is restored." Counter-irritation to the interior of the uterine surface not only favorably affects the mucous membrane, but the tissues of the body, removing the congestion and hypertrophy of the former, and the greater part if not all of the adventitious tissue that has been deposited in the latter. All of the superabundant tissue may, it is true, not be removed in every case, but the uterus will, I believe, often be restored to a healthy condition. Barnes has said "that as a rule new formations are more ready to undergo atrophy by absorption or degeneration than healthy tissue," and that "hypertrophy may be either so far cured that the uterus can assume its highest function, or that the persistence of the hypertrophic change is not an absolute bar to its resumption." My own clinical experience, though limited, leads me, as far as it goes, to indorse this view not only in reference to hypertrophy when it occurs in connection with dysmenorrhœa, but when it follows chronic metritis succeeding parturition.

I have used as alterative applications nit. of silver, sulph. of copper, chromic acid, acid nit. of mercury, and tinct. of iodine, and must confess a decided preference for the tinct. of iodine. I use Churchill's strong tincture—sixty grains of iodine, ninety grains of iodide of potassium, to one ounce of alcohol. In addition to its effects as a counter-irritant a certain amount of the iodine is absorbed, and we have its effect as an alterative acting on the absorbents through the blood. The application should be made to the whole of the mucous membrane lining the cavity and cervix, as well as to the external portion of the neck. Applications should not be made oftener than once a week, and two weeks should elapse if strong caustics like chromic acid or acid nitrate of mercury are used. My decided preference is for the tincture of iodine.

Dilatation of the cervical canal being first accomplished, Emmet's applicator or Budd's probe, wrapped with cotton, then dipped in the solution, may be carried into the uterine cavity and brought in contact with all the lining membrane of the canal and cavity. Another plan is by first bending the nozzle of a rubber uterine-syringe to the proper curve and wrapping its extremity with cotton; now have introduced into the syringe a small quantity of the solution, and upon passing the nozzle into the uterus the solution may be forced out so as to saturate the cotton.

Cases of congestive dysmenorrhœa, or those where uterine inflammation exists, require similar treatment. If endometritis exist, the case will be peculiarly obstinate. Benefit sometimes results from using a solution of chromic acid, one drachm to the fluid ounce of water. Local treatment should be continued until the hyperæsthesia and enlargement are removed.

The following is a brief recital of eleven cases of dysmenorrhœa and their treatment:

Case I.—Mrs. ——, twenty-four years of age, came under my charge in April, 1867. Married five years, but sterile; menstruated at fifteen, but the periods were irregular until sixteen; her menstruation always painful, pain preceding the flow eight or ten hours, and becoming spasmodic and expulsive during it. Since marriage this suffering has notably increased, and she is confined to bed one or two days at each period. She was dyspeptic; has attacks of neuralgia and hysteria. Upon examination found hyperæsthesia of the vagina and of the uterus, and the latter enlarged; the cervix elongated and congested; there was also well-defined anteflexion.

For the first few weeks sea-tangle tents were used, then a sponge tent once a week for four months. A twenty-grain solution of nitrate of silver was applied to the uterine cavity, and was followed by intense pain and a convulsion. Subsequently I used Churchill's tinct. of iodine, repeating it once a week. She had iron, quinia, strychnia, and other tonics. At the expiration of five months she menstruated with little pain, and in three months more became pregnant. Her general condition was greatly improved, her dyspepsia, neuralgia, and hysteria gone. She has now borne three children, and is quite free from dysmenorrhœa.

Case II.—Miss ——, thirty-two years old, menstruated at fourteen, her periods always painful, and for the last six years she has been a confirmed invalid. Here too there was anteflexion, and this was so decided that I was unable to pass a uterine probe until after division of the posterior lip to within one fourth of an inch of the vaginal attachment. Dilatation and iodine applications constituted the local treatment, and in eight months menstruation was normal and painless.

CASE III.—Miss ——, nineteen years of age, menstruated at fifteen; periods always painful; has dyspepsia, occasional neuralgia, and is somewhat anæmic. Found anteflexion with contracted os. Gave tonics, iodide and bromide of potassium; used dilatation and iodine. In eight months she was well. Married twelve months ago, and has had a child.

CASE IV.—Miss ——, twenty-five years old, menstruated first at sixteen, always with great pain, and now the suffering has become excruciating. No cervical flexion or contraction of the canal, but an enlarged and exceedingly sensitive uterus. She recovered in nine months with the same local treatment as that of the preceding case.

CASE V.—Mrs. ——, thirty-one years of age, married ten years, and sterile; menstruated at fifteen, always painfully, but has enjoyed good health until the last twelve months. Pain is most severe twenty-four hours before the flow, but continues during and for three or four days after it; uterus enlarged and sensitive. Used dilatation, then applications of iodine, of nit. of silver, of sulph. of copper. The dysmenorrhœa was relieved in fifteen months, and twelve months later she gave birth to a child at full term.

CASE VI.—Miss ——, eighteen years old, menstruated first at fifteen; periods always painful, and marked by hysteria and vomiting. Anteflexion of the uterus was relieved by tents in four months, and menstruation became normal.

CASE VII.—Miss ——, twenty years of age; menstruation commenced at thirteen years, and was always painful; anteflexion of uterus. Dilatation and iodine; complete recovery in seven months; has married and borne four children.

CASE VIII.—Miss ——, aged thirty-five years, menstruated first at fifteen years; periods always painful; contracted os, flexion, enlarged and sensitive uterus. Treatment—Incision of posterior lip, dilatation, and iodine. Cure in six months.

Case IX.—Miss ——, twenty-seven years of age, first menstruated at seventeen; always suffers at her periods; has hysteria and nervous prostration; found cervical canal contracted for one fourth of an inch, half an inch from external os. Treatment—Bilateral incision of the cervix, then dilatation and iodine. In four months she was well. Has since married. No return of dysmenorrhœa, but is sterile.

Case X.—Miss ——, twenty-three years old, first menstruated at fifteen very painfully, and her suffering has become so intense and constant that she is in bed three weeks out of four. The treatment with tents and iodine was completely successful in seven months.

Case XI.—Mrs. ——, twenty-nine years of age, married four years, but sterile; menstruated first at sixteen, and the flow was preceded for a year by pain in the pelvis and abdomen once in four or five weeks. Severe pain, commencing twenty-four hours before the flow, is felt at each menstrual period, and this pain has much increased since marriage. She has hysteria, neuralgia, vomiting, cramps, and great prostration at each period. She has membranous shreds discharged at nearly every menstruation; the uterus was enlarged, sensitive, and its lining membrane inflamed. I treated the case fourteen months with only partial success. She was living in poverty, was uncleanly in her habits, and was careless and negligent as to using prescribed remedies. Nevertheless, in spite of these drawbacks, the dysmenorrhœal shreds no longer appeared, and the uterus became lessened in size and sensibility as results of the treatment. She passed from my care in consequence of a change of residence.

Remarks.—All the above cases except Case VI had iodide or bromide of potassium, or both, and iron and quinine in liberal doses. Strychnia was added to these drugs in cases I, III, V, and XI. Anodynes were freely used when the periods were painful, and other distressing symptoms that arose from time to time had the customary treatment. How far these things contributed to the general results obtained I confess myself unable to determine. Allusion has already been made to exercise, sunshine, pure air, and cheerful society as valuable auxiliaries in the treatment. Fortunately nine of the eleven cases reported were daughters of farmers, and hence no difficulty was experienced in supplying the most important at least of the adjuncts named. Methodical physical exercise was recommended in all, and except by Case XI was reasonably well observed.

Reviews.

A Manual of Diet in Health and Disease. By Thomas King Chambers, M. D., Oxon., F. R. C. P., London, etc. Philadelphia: Henry C. Lea. 1875.

This work is eminently practical in its aim, and will be read with interest by the general as well as the professional reader. Dr. Chambers opens the subject by the question, "What is the natural food of man?" and goes on to show that every thing that contains elements capable of nourishing the body has been appropriated by him. Under the varying circumstances in which his lot has been cast he has been a consumer of fruits and vegetables, meat, fish, shell-fish, and insects, and has shown himself capable not only of living but thriving upon a diet either animal or vegetable. Strictly speaking, he is by taste as well as by anatomical structure omnivorous, and undoubtedly reaches the acme of intellectual and physical manhood on a mixed diet.

But man is not alone in being able to adapt himself to various forms of alimentary matter. Spallanzani proved by experiments that eagles might be reared on bread and pigeons on flesh. Nor is it to be wondered at, since food is essentially the same in its last analysis, whether derived directly from the animal or the vegetable kingdom. The herbivora and the carnivora are nourished by the same compounds, though in different shapes and combinations. The ox finds his nitrogenous matters largely mixed with other substances, but they are as indispensable to his nutrition as they are to the sustenance of the carnivora that take them in as unmixed fibrin. The bird has a store of nutriment provided for it in the egg corresponding every way to the milk supplied by nature for the nourishment of the young mammal. The compounds containing nitrogen, it is now conceded, are for development, growth, repair, while the hydrocarbons in turn maintain vital heat and minister to muscular activity. These elements are contained in all articles that can claim to be nutritious.

Liebig exaggerated the importance of the former class and underrated the latter. The hydrocarbons, we now know, are essential to development as well as the albuminoid bodies, and not only give origin to heat in the system, but are also necessary to muscular motion, that of the heart and intestines as well as that of the voluntary muscles. It is computed that the force expended upon the heart, diaphragm, and intestines "is equal to that which would raise a man of ten stones ten thousand feet." This force must be maintained when the body is in the most perfect state of repose, in the system of the mere cumberer of the ground as well as in that of the most active laborer. But how much more must be expended by the laborer, all of whose muscles are on the strain, it is easy to understand; and to this greater expenditure of force the food must correspond, or wasting and disease will follow. The inmates of prisons and poor-houses lose flesh and become sickly if their tasks are increased without a corresponding improvement in their bill of fare.

We doubt if it occurs as often as it ought to men engaged in labor that tasks the brain that their lassitude, their incapacity for profitable work is caused by an insufficient supply of cerebral nourishment. There can be no doubt as to the fact. The brain inadequately nourished fails in its task as certainly as the muscles do, and it is just as impossible to perform mental labor to advantage when digestion is not good or the food is deficient in nutritive qualities as it is to do manual work with comfort under similar circumstances. The principle is one of importance, and should not be lost sight of by students or teachers. It is not immediately after a meal, but some hours later, when the food has had time to be assimilated and reach the brain, that the mind is exerted with the greatest success.

As to food for the individual, it is coming to be the received opinion that each one must select for himself. Science points out the relative value of various foods, but can not determine what will gratify the palates or agree with the stomachs of any number of persons; and we make the same mistake when we lay down rules for all that was made by the tailor in Laputa, who insisted on cutting the coat and breeches of Captain Gulliver upon abstract principles instead of taking the measurements of his person. Even more emphatically is this true in the case of persons whose tastes are perverted by disease. The appetite is then pre-eminently the guide as to the choice of food. As thirst points to the necessity for diluents, hunger indicates the nature of the alimentary substances demanded by the systems of sick people. And the same may be said of the instinctive cravings of children. It is almost always safe to indulge them. They are the promptings of nature in regard to what the system needs to execute its nicely-adjusted processes of growth and development.

Dr. Chambers lays it down as a rule capable of the most universal application "that all articles designed for human food should be the best of their kind which can be procured, and that it is false economy to be tempted by a lower price to be satisfied with less eligible wares." He says butchers are apt to palm off the pancreas or "stomach-bread" for the "sweet-bread," which is the thymus gland of the calf, and in digestibility is greatly superior to the other. The pancreas even when cooked and chopped up may easily be recognized by its large veins and arteries.

In late years a good deal of alarm has been created in some countries on the subject of parasites, and more especially the trichinæ, these dangerous intruders having been shown to effect their entrance into the human body along with unhealthy butcher's-meat, which contains their eggs or larvæ. An effectual antidote to this evil is afforded by thorough cooking. A temperature of 212° Fahr. or even less is fatal to these worms in every stage of their existence. Their prevalence in any country marks a low grade of cookery. In Germany they are met with so frequently because so much raw meat is eaten by the inhabitants.

Dr. Chambers believes in the communicability of typhoid fever and perhaps other diseases by means of milk, and refers to one case in which Dr. Murchison traced the fever clearly to this source. The poison, it appears, gets into the milk with water contaminated with the morbid secretions of fever-patients, and used in washing the milker's hands, the pails, and pans of the dairy. It is just possible that the germs of the malady may settle in the milk from the atmosphere.

On the subject of alcoholic drinks Dr. Chambers has instructive details; but as the topic is one which, as he remarks, is "terribly overladen with literature—historical, poetical, industrial, scientific, and occasionally nonsensical"—we shall not stop to consider it here. "As a regular beverage for a healthy person," he thinks, "there is no wine in the English market equal to claret," and the same remark is probably applicable to our own market when we get the pure juice of the grape.

The following remarks in reference to cookery are practical and very pointed: "The most important element in cooking is indubitably the cook; and the most important of a cook's virtues is shown in the selection of food. A good cook is to a certain extent born, not made; and if born deficient in necessary faculties, the novice should be made to understand that she has mistaken her mission. The necessary faculties are those of accurate taste and smell, with which, joined to enthusiasm and punctuality, she may become a useful and honored member of society; without which she is simply an encumbrance. The tests to try her by are plainly-cooked eggs, joints, and vegetables. If she regularly sends these up in a state to give a zest to her master's appetite, let him think no trouble or expense wasted in teaching her whatever she desires to learn; if they excite disgust, harm rather than good is done by her technical knowledge of those disguises of inferiority known as 'made dishes.' Cleanliness may be taught, a variety of receipts may be bought, but a delicate nose is beyond price."

The chapter on digestion abounds in judicious suggestions, and may be profitably read by all who experience any trouble in that way. The best employment after a hearty meal is "frivolous conversation," encouraged by gentle exercise, which amuses the mind, and the best time for the principal meal is when the business of the day is done. Variety in diet promotes digestion and conduces to health and vigor; not a variety in the dishes at a meal, but a frequent difference in the principal dish. The last meal should be late enough to leave some of it unabsorbed at bed-time. It is a mistake to retire to rest at night hungry, but on the contrary, if kept up much beyond the ordinary time of retiring, a light meal will be found to promote sleep.

The first part of this interesting volume closes with a short account of nutrition. The second part is devoted to special dietetics of health, including among other topics the diet of infancy and motherhood, the regimen of childhood and youth, and commercial, literary, and professional life. We wish we had room to transcribe some of his literary sketches introduced by way of illustration. They teach valuable lessons in physiology. Of Dr. Samuel Johnson he relates that "after middle life his own observation of his health led him to abstain entirely from wine;" and he adds that he had heard his grandmother describe "the air of dignified patience with which he passed the bottle which she often pressed upon him at her father's table." Though the old scholar kept late hours, he sat up not to work or carouse, but to rest his mind "with sportive and varied conversation" in which he took so much delight; and he had his reward in the retention of his intellectual faculties after his material organs had given way under disease.

How much may be done by a rational regimen to preserve the faculties from utter overthrow, even when overshadowed by the cloud of insanity, is illustrated in the case of Cowper. Nothing, as Dr. Chambers remarks, but daily exercise, temperate meals, and punctual observance of regular hours of study and rest could have kept burning the flickering candle of reason in the poor suicidal poet. The least irregularity or indulgence of appetite would probably have proved fatal to him. Dean Swift saw that Pope, with his delicate, sensitive frame, could not indulge with ordinary impunity in the pleasures of the table, and addressed these wise words of admonition to his irritable little friend, which many others might observe with advantage to their health of mind as well as body: "The least transgression of yours, if it be only two bits and a sup more than your stint, is a great debauch, for which you will certainly pay more than those sots who are carried dead-drunk to bed."

Among the subjects of the remaining chapters are starvation and the diet and regimen of acute fevers, inflammations, rheumatism, gout, insanity, scrofula, and alcoholism, in all of which the reader will find matter that will reward a careful perusal. Dr. Chambers, we have no hesitation in affirming, has made a substantial and truly valuable addition to our literature on diet.

Sixth Annual Report of the State Board of Health of Massachusetts. Boston, 1875.

Massachusetts has set a worthy example to her sister states in the fidelity with which she has devoted herself to the development of her vital statistics, and in this regard has distanced them all. The report before us is one of great interest. Dr. H. I. Bowditch, in the opening article, pays a just tribute to the memory of the late secretary of the board, Dr. George Derby, who applied himself with a zeal and conscientiousness to his duties worthy of all praise.

Boston has been in trouble on account of some large pork-packing establishments which were suspected of injuring the health of the neighborhood, and it has been a question with the board whether they ought not to be abated as a nuisance. The board, however, has wisely decided to wait and see whether the removal of other suspected sources of disease will not exculpate these packing-establishments, which otherwise are desirable as contributing to the business of the city. Animal matters in a state of decay, while highly offensive to the senses, are not, we believe, looked upon as so detrimental to health as vegetable substances, which emit no odor. In fact it is well known that tanneries, glue-factories, and similar establishments are not productive of disease.

Inebriate Asylums are discussed by Dr. H. I. Bowditch in a judicious essay, taking the ground that inveterate drunkards ought to be deprived of their civil rights, and that the state should care for them in asylums specially designed for the purpose. We trust the world will ultimately take the same ground. Society will be driven to it, we think, in self-defense. All other remedies having failed to arrest the evil, this only remains to protect the innocent and helpless against a vice over which the victim has no control. Prohibitory laws have proved unavailing, but when inebriates know that confinement in a hospital will be the end of their course they may pause before they become slaves to their appetites.

Some very striking statistics are given by Dr. W. E. Boardman, showing the value of health to the state; but we doubt if he will ever convince statesmen that it would be economical to expend fifty million dollars in a state like Massachusetts in order to reduce the death-rate from nineteen to fifteen in a thousand, which he contends might be done by proper sanitary measures. This is followed by a paper on the transportation of live-stock, which is a subject of growing importance to the western states as well as to the great cities of the East. "Our Meat-supply and Public Health" is the subject of the next essay, by Dr. Charles Folsom, in which the condition of meat, both with respect to soundness and the presence of parasites, is discussed. The author refers to the sausage in this connection as "the grand receptacle of vile meat of all kinds, where it is spiced into obscurity." We have happily no such experience as the Wurtemburgers, among whom it is stated that in the last half century one hundred and forty persons have died from bad sausages.

Among the other papers in this volume is one on the relative advantages of cremation and burial, one on the health of towns, one on the sanitary condition of the state prison, and one on the composition of the air of the ground atmosphere. We have only room for a brief notice of the last. Dr. Nichols shows in this paper that carbonic acid impregnates the air beneath the surface to a degree much above its proportions in the atmosphere. The proportion increases as we descend, and is greater in summer than in winter. In the atmosphere carbonic-acid gas is quickly diffused and equalized; but in cars—especially in winter, when the doors are kept closed—experiments show that the percentage is often increased to a fearful extent.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. III. New York: William Wood & Co. 1875.

This volume fully justifies the high expectations created by the appearance of the first. While the subjects of which it treats may not possess the general interest of those which formed the preceding volumes, the style in which they are handled is quite as able and exhaustive. There can not remain any longer a doubt in any mind that this cyclopedia will constitute a most valuable addition to our literature on practical medicine, forming a library in itself on the subject.

The first article in this volume is on syphilis, and composes nearly one half of the volume of six hundred and sixty pages. The author, Dr. Bäumler, considers this affection in all its phases. Beginning with its history and geographical distribution, he treats of the disease in all its relations to the human body. In regard to its origin, he is by no means sure that it was imported from America into Europe, but on the contrary cites some authorities which favor the idea that it was conveyed to the new world by Columbus's men; but the question is still left in doubt, and will probably so remain. Dr. Bäumler holds that syphilis may be transmitted through the vaccine virus, in support of which he quotes many such instances as the following: In the year 1849 twenty-six persons were vaccinated from an apparently healthy child. The pustules in nineteen of these turned into syphilitic ulcers. In 1852 thirteen children were vaccinated, and eight months later eight of them and nine of the mothers were suffering from *lues universalis.* A still more unfortunate instance occurred in 1861. On the 2d of June forty-seven children were vaccinated from a child of apparently healthy parents, and which itself excited no suspicion of disease. Thirty-eight became affected with symptoms of general syphilis; and one of these, having been used to vaccinate seventeen other children, communicated syphilis to seven of the number. In view of these facts he advises that if possible "only children whose parents are known to the physician should be used as sources of vaccine matter," and that, however healthy the child may be, it should not be used if there is the slightest suspicion that either of the parents is affected with syphilis.

He recommends a close examination of the naked body of the infant from whom it is proposed to vaccinate others.

The first question that arises in relation to treatment is whether the virus can be destroyed at the point of infection, and at the same time that Dr. Bäumler doubts this he favors the excision of the papule. If soon after infection the initial lesion takes the form of an ulcer, he advises the application of a caustic. He thinks well of the use of iodoform in cases which will not admit of caustic remedies. Mercury, from all the evidence collected during three centuries, must be held, he thinks, to possess a power antagonistic to the virus of syphilis. This is especially exhibited in the cutaneous manifestations of the disease.

To all practitioners interested in the study and treatment of syphilis this article may be recommended as full of important information.

The next article, by Dr. Bollinger, treats of glanders in the horse and in the human subject, and to this succeeds one by the same author on anthrax, one on hydrophobia, one on the foot-and-mouth disease in animals and man, and a concluding one on the bites and stings of poisonous animals, all instructive and practical. The volume closes with an article by Dr. Heller on diseases from migratory parasites.

Our readers from this list will see the character of the volume. Many may not feel a special interest in the subjects discussed in it, but we venture to say that no one can read these papers without a feeling of admiration for the learning and judgment of their authors. We take great pleasure in commending again this work to the profession of America, assured that it will enhance the value of any library.

Clinic of the Month.

Tracheotomy in Croup—Indications and Contra-indications.—We present the following condensed abstract of a recent clinical lecture by M. Bouchut, which we find in the *Gazette Obstetricale* of May 5th:

"The indications for tracheotomy in croup result from the progress of the symptoms and the evolution of the disease. Merely because the diagnosis has been made, an operation does not necessarily follow.

"The infant shares with the hog the unhappy right and the sad privilege of liability to croup, this disease inevitably determining in the latter asphyxia and death. But since it is illegal to sell the flesh of an animal dying of disease, the rule of the dealer is to kill it as soon as possible, in order that it may be eaten. On the other hand, as soon as croup is manifest, the operation is performed; so much is gained if one is saved. In the infant, however, the first stage of the disease is not the time for an operation.

"Croup has three stages: (1) the period of exudation, (2) that of suffocation, (3) anoxemia or the period of asphyxia. Now is it in the second or third of these that we should operate, and how are they to be recognized? In the former there are attacks of suffocation and nervous accidents; the child, with false membranes in the larynx, coughs and struggles; it is choking and strangling; it attempts to rise, to seek air. At this time it is suffocated, not anæsthetized, with carbonic acid. An emetic sometimes answers for its relief; there are not yet obstacles to continued expectoration. It is not now necessary to perform tracheotomy; on the contrary, it is well not to do it. In case tartar-emetic fails to cause vomiting apomorphia may be used; it has a special value against suffocative dyspnœa, and will do that which can not be done with tartar emetic or ipecacuanha.

"In the third period the operation is indicated. The third period commences with anoxemia. We can conceive to what degree hematosis is interfered with when at each inspiration there can enter the lungs but half the air requisite for the regeneration of the blood; then multiply these by the number of half *hematoses*, and we have anoxemia. The sensibility is at first blunted, then destroyed. The operation is then clearly indicated. Anæsthesia caused by an accumulation of carbonic acid is an important fact which has been too much neglected. It is the signal for tracheotomy. Carbonic acid, whatever its source, is a very efficient anæsthetic. I have made many experiments in illustration of this at the dog-pound; producing asphyxia by hanging dogs, and then readily restoring them at the moment of the agony by cutting them down. Croup is for children hanging from within; it is internal strangulation. The experiments of Legallois have proved the same thing in another way; they show that carbonic acid in excess causes asphyxia, and the asphyxia insensibility. This may be shown by introducing a canula with a plug into the trachea of any of the mammiferæ; intercept the entrance of air into the lungs, and as soon as the hematosis is sufficiently interfered with anæsthesia of the skin results. Carbonic acid may then be proposed as an anæsthetic, completely replacing nitrous oxide.

"The anæsthesia is not sudden, but comes gradually; and it is necessary to postpone the operation until it has attained a certain degree of intensity. Up to the time of my introducing anæsthesia into the pathological history of croup, attention was given to the color of the face, which in the stage of suffocation becomes blue. But this is here an unreliable sign; it is not correct. I remember a little girl with croup at the hospital St. Eugenie, who when we entered the ward was sitting up in bed, playing with her dolls, her intelligence perfect; but she could not speak; her face was pale as the sheet and her skin, and the insensibility of the skin was complete. The mother would not permit tracheotomy, and the child died in the course of the day. Asphyxia then may be blue or white. It proves nothing, and the symptoms of anæsthesia must determine the question of operation. Nevertheless, before resorting to tracheotomy, tartar-emetic may be tried, and it gives good results in the period of suffocation. But when the second period has passed, when asphyxia with anæsthesia exists, tracheotomy is indicated, indicated clearly and positively.

"But there are numerous contra-indications to this serious operation. First the age must be considered. In infants of six months and still at the breast the operation does not succeed. After fifteen or sixteen months it may be tried, but the success is very doubtful. The operation is not indicated unless the subject is about two years old; even then, if very feeble, it ought not to be performed. Another contra-indication is in certain complications of the disease, such as *scarlatina anginosa*. Measles is not a positive contra-indication; the operation may be tried, but the result is very doubtful. In pneumonia, if simple and atelectasic, operate; but if embolic, refrain from operating. In consequence of the accumulation of bronchial mucus there is an enfeeblement of the lung, and then proliferation and pulmonary induration; the hinderance to respiration produces dullness and *râles*. In this condition, an operation performed, the pneumonia disappears. Embolic pneumonia has other causes and comes in another way. In embolic pneumonia the cause is cardiac thrombosis, and the operation is useless; in atelectasic pneumonia, on the contrary, the heart does not suffer.

"Finally we are guided by the general phenomena of diphtheritic poisoning and of albuminuria. If there be albuminuria, the result is doubtful; all depends upon the variety of albuminuria. If albuminuric diphtheria is accompanied by nasal discharge, the operation is quite useless."

On the Treatment of Cardiac Dilatation.—The pages of our valued contemporary, the Edinburgh Medical Journal, have recently been enriched by a series of clinical lectures on diseases of the heart by Dr. Geo. W. Balfour. We hope soon to see these very admirable lectures appear in book-form. Meantime the following remarks of Dr. B. on the treatment of cardiac dilatation will prove of interest:

"Cardiac dilatation is by no means a hopeless disease. It is invariably relieved by mitral regurgitation, which in more severe forms is associated with tricuspid regurgitation also. In its slighter forms it is readily curable, and is almost invariably cured; and even in its more severe forms it may occasionally be cured, and is always susceptible of considerable amelioration, the only exceptions being those neglected cases associated with notable eccentric hypertrophy, forming what is termed the gouty heart.

"In simple chlorotic cases it is sufficient to improve the quality of the blood to secure a perfect cure. For this, as every one knows, there is no remedy equal to iron; and though small doses of ferruginous tonics, especially if continued for a long time, are frequently sufficient, still the larger the dose given the more rapidly the cure is obtained; and I perfectly agree with Niemeyer that there is no combination in which iron may be more freely administered than as Blaud's pills; two grains and a half of sulphate of iron and the same quantity of carbonate of potass made into one pill with mucilage. Three such pills are to be taken three times a day, and the dose is to be increased by one pill each day till five pills are taken three times a day; the remedy to be continued for six weeks from its commencement, when the cure will be complete. This remedy, notwithstanding the large amount of iron given, does not usually constipate the bowels. When the dilatation is more marked the tonic action of digitalis on the heart will be also required. Iron, with or without arsenic, may still be given in smaller doses, or may in certain circumstances be withheld, but digitalis is paramountly required; never in large doses, for here we do not desire any immediate contractile effect on the cardiac muscle, but in small doses, never over ten minims twice or thrice a day; because it is only a slowly-developed, persistent tonic action that we desire, and that is most easily attained without risk by giving these small doses for a length of time. To show how long these doses may be continued without risk, and how beneficial is their action even in apparently untoward circumstances, I may mention that recently I saw an old gentleman of over eighty years of age, who has been taking these doses of digitalis for more than four years regularly. When first seen his heart was so weak that its action was almost imperceptible; he had a feeble pulse, and was subject to frequent fainting-fits. Now he rarely has an attack of this nature, has a good pulse, and a firm, forcible apex beat. Of course good, nourishing food must be given, fresh country air recommended, and perfect rest, or at least the avoidance of all but the most moderate exertion. Stimulants in younger patients are best avoided. In elderly patients they are often useful and occasionally necessary; but must be used with caution as simple tonics, and never as goads to exertion, otherwise they do an incalculable amount of harm."

GALACTORRHŒA.—Dr. A. Puech (*Gazette Obstétricale*, May 20, 1875) quotes two cases from Dr. Lingi Casa, in which galactorrhœa occurred after the menopause, and then details a similar one in his own practice.

In the first case of Dr. Casa the subject was sixty-five years old, and the secretion was without any obvious cause. Her parents were healthy, and she had no disease. She had given birth to six healthy children, and menstruation ceased when she was fifty-five. About her sixtieth year the breasts commenced swelling, and once a month the swelling was more marked and at the same time painful. After having continued some months this disorder ceased for two years, and then re-appeared. Upon examination her breasts were found decidedly enlarged, and upon light pressure they yielded a fluid with all the physical properties of milk. In spite of her age she greatly enjoyed sexual indulgence. She had lost her appetite for food, and was very much constipated. Except a vulval pruritus, she had no disease of the genital organs. Under the use of ergotine the lacteal secretion disappeared in less than a month, as well as the accompanying mammary engorgement.

Dr. Casa's second case is much less significant. The subject was fifty years old; menstruation had ceased for some years, and she died, aged fifty-two years, of uterine cancer, a disease of which her mother died at the same age. When seeking aid for the uterine disease the breasts were found swollen and painful, and discharged a liquid presenting the character of milk, only a little thicker, and having a distinct green color. The correlation between the development of the uterus and the breasts, a phenomenon formerly called sympathy, is well known. Then, in virtue of this correlation, swelling of the breasts and even galactorrhœa are quite frequently dependent upon organic change in the uterus. In a case of uterine cancer and fibroid the breasts were quite large and secreted a milk-like fluid. After death the mammary gland, carefully examined, presented at the periphery a great number of terminal vesicles, developed in the subjacent tissue, and filled with milk-clots.

Dr. Puech's case was a lady thirty-eight years old, a brunette, of vigorous constitution, whose husband died a month after her delivery of a female child. In her sorrow she gave herself up completely to her infant; and as she had lost all her other children, four in number, she thought it best to nurse this one until the milk should no longer be secreted. This nursing was continued for a long time, until one day her daughter, then seven years old, refused longer to continue the *rôle* of a baby. Fourteen days after her breasts were found swelled, painful, and the secretion of milk still continued. This habit of the economy it was exceedingly difficult to destroy. Repeated purgatives, iodide of potassium in large doses diminished the secretion, but did not cause its disappearance, and it did not yield until at the end of two months, to the daily use of white agaric, given in doses increased from fifty centigrammes to one gramme and a half, for ten days. This lady had not the least uterine disease; her menses have not appeared since her last pregnancy, and she is now forty-six years old.

We have read this report with especial interest, from the fact that we have now under observation a case of very profuse and obstinate galactorrhœa, the disorder being associated with a copious eruption of eczema upon the breasts, a complication we have met with once before. Compression of the glands and the internal use of iodide of potassium, faithfully tried, have had very little influence in lessening the secretion; and we have recently—too recently to test its value—commenced the use of ergot. The details of the case we hope to present our readers at some other time.

The *white agaric* which Dr. Puech refers to as having been so useful in one case is a medicine hardly known in our country, and indeed very little used in France. Both Leon Marchand (*Nouveau Dictionnaire de Medicine*, etc.) and Bouchardat (*Manuel de Matière Médicale*, etc.) refer to it as a medicine the use of which is almost entirely abandoned.

T. P.

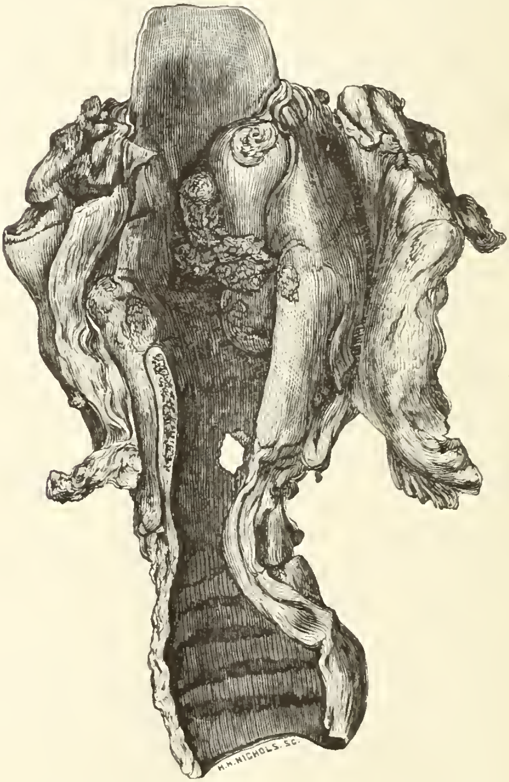
A NEW URETHROTOME is one invented and used by Dr. Gross. Simplicity is the leading feature of the instrument, a great recommendation certainly. It is modeled on the plan of the French *bougie-à-boule*, an instrument invaluable in accurate diagnosis of even the smallest strictures, from the fact of the resistance offered by the stricture on being withdrawn from the urethra. He conceived the idea that if only a blade was fixed immediately behind the shoulder which always hitched up against the constriction on being withdrawn, a stricture could be easily and safely divided. The instrument, as now manufactured by Gemrig, is a straight tube, about ten inches in length, terminating in the acorn-shaped expansion of the *bougie-à-boule*, and having a concealed blade just behind the shoulder, which on pushing a spring juts out a little more than the circumference of the bulb, and invariably cuts in the right place and at the right time. Indeed a *faux pas* in an operation with this instrument could hardly be made. I have seen the doctor operate with it a number of times, and always with the most gratifying success. Such is the newly-invented urethrotome of Dr. Samuel W. Gross, an instrument which will do much toward advancing the treatment of urethral stricture. (Philadelphia correspondent of Nashville Jour. of Med. and Surg.)

SCARLATINA ANASARCA AND ITS TREATMENT.—Dr. Bramwell, of Perth, having treated thirty-two cases of scarlatinal dropsy, writes to the Edinburgh Medical Journal as follows:

"When the case was one of moderate severity, and uræmic symptoms not a conspicuous feature, sharp purgation with dsrastic, such as the comp. jalap or comp. scammony powders, answered very well. It was found, however, that a very large dose was required to produce the desired effect, half a drachm or even two scruples of comp. jalap being often required for a child five or six years old. This purgation was alternated by vapor-baths, and at a later period, when febrile action was diminished, inf. of digitalis with acet. of potash was administered with good results. It will be found, however, that dropsical symptoms in the majority of such cases will persist in spite of all these means, and go on from bad to worse until alarming pulmonary complications show themselves or convulsions supervene. What now is to be our line of procedure? We venture to affirm that at this juncture abstraction of blood, either general or local—certainly general when there are convulsions—will act in a beneficial manner, and convert in a short time an apparently hopeless case into a remediable one. In order to accomplish this, however, we must not hesitate to take blood freely, as ten ounces from the arm of a boy ten years of age, or four ounces by cupping over the loins in a child four or five years of age. Neither must we be deterred from this by the supposed anæmic condition which some writers on renal disorders have ascribed to such patients. The truth is they are not anæmic at all, but are suffering from an acute disorder associated with a very different condition of blood from that existing in chronic renal disorders, and the rapidity with which they recover after sharp antiphlogistic treatment sufficiently shows this. Depletion acts like a charm in convulsions from acute uræmia, and we have seen a free diuresis set up in forty-eight hours after its employment, unaided by any other remedies. Generally speaking, cases of anasarca after scarlatina stand antiphlogistic treatment well.

"We have treated thirty-two cases of acute scarlatinal dropsy more or less after this fashion, with only two deaths. One of the fatal cases was seen too late, when no depletion could be thought of. This patient died of acute pulmonary œdema. From the severity of not a few of these cases, and the inadequacy of other means in a considerable proportion of them, there is no doubt in my mind but that several more of them would have terminated fatally had blood-letting not been boldly employed. Let me venture then to press this valuable old remedy in this disorder upon the notice of my professional brethren who may not have tried it, especially on the rising generation of physicians, who have been educated perhaps too exclusively in an expectant or building-up treatment of all inflammations indiscriminately."

Epithelioma of the Larynx.—Dr. S. C. Busey makes the following interesting report (American Journal of the Medical Sciences) of the post-mortem appearances in a case of this distressing malady:



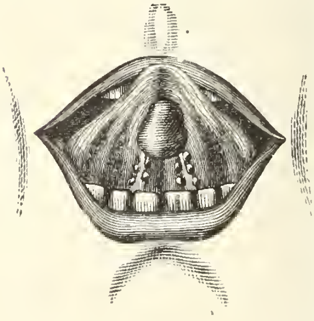
"At the post mortem, made a few hours after death, it was impossible to pass a sound or even a No. 9 catheter into the esophagus, even after separating the trachea from the esophagus; not that the caliber of the canal was too contracted, but an intervening septum shut off communication with the pharynx. The larynx laid open was found to be occupied for nearly two thirds of its cavity by a tumor, lobular and granulated in appearance, slightly excoriated at one or two points, and springing from the right vocal cord. In extent it reached from the aryteno-epiglottidean fold to the lower limit of the sacculus, pushing forward beneath and by the side of the epiglottis toward the hyoid bone. The part of the tumor which had been most plainly visible during the laryngoscopic examination sprang as a semi-detached lobule from the main body of the tumor, at the level of the superior vocal cord, extending upward toward the root of the epiglottis in the median line, and sending a prolongation below into the ventricle of the left side, so that the glottis was almost obliterated except at its posterior third, leaving a passage sufficient to admit a crow's quill on approximation of the arytenoid cartilage. The lower part of the tumor filled up and dilated the ventricle and sacculus on the right side.

"The occlusion of the passage between the pharynx and esophagus was found to be due not only to a contraction of this latter tube, but also to thin, valve-like folds of mucous membrane stretched across the lower part of the pharynx—delicate fræna, or duplicatures, such as are seen in symblepharon, for example—these not only tending to diminish the posterior laryngeal space, but really almost forming a cul-de-sac."

BROMIDE OF POTASSIUM IN THE TREATMENT OF EPILEPSY.—Dr. Otto writes on this subject in the *Archiv für Psychiatrie*, Vol. V., No. 1. He concludes that it lowers the excitability of the central ganglia and of the peripheral nerves, and by this means assuages the epileptic attacks. The results are due altogether to the bromine salt. To be efficacious, the dose for an adult must be at least one hundred and twenty grains. When the dose reaches one hundred and eighty grains daily, great precautions should be taken. Dr. Otto thinks that it is best to commence with a full dose at once. In cases in which the cornua ammonis were found to be affected the bromide of potassium had been most effectual. The brain-symptoms induced by bromide of potassium afford as good a guide for lessening the dose of that drug as the pulse does for moderating the dose of digitalis. Dr. Otto does not fear the induction of any permanent psychic lesion from large doses of the bromide. He advises that it should always be administered well diluted with water.

A Case of Polypus of the Tongue.—Dr. Sam'l C. Busey reports the following case:

"In October, 1873, K. C., white, aged thirteen, presented herself at the Columbia Hospital Dispensary. On the under-surface of the tongue, about midway of the raphé and springing from it, an elongated polypoid-looking growth, measuring half an inch from base to apex. It had been first discovered six months previously, but had grown much faster during the two months immediately preceding this date. It was tender to the touch, very sensitive, and occasioned much annoyance. The edges of her teeth were perfectly smooth. The accompanying cut exhibits the growth very distinctly.



"On both sides of the raphé, extending backward from the base of the polyp, were two rows of vesicles, each vesicle larger than a pin's head, and between the rows of vesicles on each side a small vein was distinctly seen. Removed the growth with scissors and cauterized the basal surface with a saturated solution of chromic acid. The bleeding was very slight.

"January, 1874—K. C. again presented herself at the dispensary. She says that she continued well until November, 1873, when the growth began to return, and has grown very rapidly during the past few weeks. It is now larger than when removed in October last. I again removed it with scissors, and cauterized the surface with a saturated solution of chromic acid.

"January 19th—The surface entirely healed; the vesicles before referred to enlarged and projecting irregularly.

"February 9th—Polypus re-appearing, now about the size of a pea; semi-translucent. Discharged its semi-fluid gelatinous contents and renewed the application of chromic acid. On the 16th she was again well, and nothing marked the locality of the former growth.

"April 13th—The growth has again returned; now globular and semi-translucent. Applied a silk ligature, which, together with the growth, came away on the 15th, leaving a small superficial ulcer. Touched the ulcer with lunar caustic. On April 20th it had healed, but the cicatrix was distinct.

"July 2d—She again presented herself. The polyp was larger than at any previous time. Injected it with fifteen minims of pure acetic acid. It turned black in fifteen minutes and sloughed off in thirty-six hours, leaving a slightly projecting base, very tender and vascular. On July 13th the surface had entirely healed, but still very slightly projecting, and on the 30th the point of attachment could only be recognized by a slight sensation of hardness, feeling somewhat like a very small shot under the epithelium. It has not recurred, and the vesicles along the border of the raphé have disappeared, January 14, 1875."

Quinia as a Stimulant to the Pregnant Uterus.—It will be remembered that the American Practitioner surrendered much of its space a few years ago to quinine as an oxytocic. Dr. Albert H. Smith communicates an interesting paper on this subject to a recent number of the Obstetrical Journal of Great Britain and Ireland, which concludes with the following summary:

1. That quinia has no inherent property of stimulating the gravid uterus to contraction, being inert as to any effect upon the womb in a quiescent state, and having no decided action in accidental labors at any period of gestation.

2. That to its property as a general stimulant and promoter of vital energy and functional activity, and to that alone, is due its influence upon the uterus in normal parturition; producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process.

3. That by availing ourselves of this power we may by administering full doses of sulphate of quinia at the onset of labor favor the rapid and safe termination of what might otherwise be a tedious and exhausting work.

TREATMENT OF ACUTE BRIGHT'S DISEASE.—Dr. Jas. Tyson recently read before the Philadelphia County Medical Society an excellent paper on the treatment of Bright's disease, which is published in our able contemporary, the Medical Times. We make room for the following extracts:

"The secret in the proper use of diuretics lies in the selection of such as effect their object without producing a congestion, and such there are. To understand this properly it must be recalled that the secretion of urine is largely a process of filtration, a process of squeezing out the water and dissolved elements by pressure from behind, and that this is accomplished in the Malpighian bodies by the agency of the arterial pressure and the force of contraction of the heart. It must be remembered that there are two sides to the renal capillary circulation, an *arterial* side and a *venous* side. The first consists in the afferent arteriole and the capillary ball contained in the dilated end of the convoluted tubule and forming with the latter the Malpighian body; the second of the capillary net-work formed by the splitting up of the efferent vessel after it leaves the Malpighian capsule and closely embraces the convoluted tubules. The area of this is great, and the movement of the blood slow. As a consequence a condition favorable to increasing the blood-pressure in the Malpighian body exists. Such pressure is obtained by increasing the force of the heart's contraction, or increasing the arterial pressure by the introduction of fluids within the blood-vessels. The effect of this is to produce a more rapid filtration; that is, more water is squeezed out from the blood-vessels into the Malpighian capsules, whence it is carried downward in the tubules. Now whatever remedies increase the force of the heart's action or the arterial pressure by absorption of fluids will increase the amount of water thus filtered out. Such remedies are digitalis, the salines, and diluent drinks generally; digitalis by increasing the force of the heart's action, the salines and diluents by increasing blood-pressure through their absorption. Digitalis is certainly the diuretic most to be relied upon, and when combined with the salines, freely diluted, affords a powerful lever for good. It is necessary, however, to have a reliable preparation, and unless one is sure of the quality of the tincture it is best to use a freshly-prepared infusion. At the same time it is also true that much smaller doses of the tincture are usually given than of the infusion. Thus of the latter one half fluid ounce is often administered, equivalent to three and three quarter grains, while eight minims or sixteen drops of the tincture, equivalent to one grain of the powder, are considered a full dose, a discrepancy which must account for at least a portion of the diminished effect of the tincture. Digitalis should therefore be given in sufficient quantity, fl.℥i of the infusion to children and fl.℥ss to adults, repeated every three hours until an appreciable effect is produced on the rate of the pulse, when it should be diminished. Not until then can you look for a diuretic action. Digitalis when thus administered should of course be watched, and the patient should be seen twice a day until an effect is produced. Of the alkalies with which it may be combined acetate of potassium and citrate of potassium are to be preferred. Their diuretic action doubtless depends upon the impetus they give to the osmosis of fluids which hold them in solution, thus increasing the arterial tension and contributing to the flushing of the kidney. Half a drachm of the potash should be given every two or three hours to adults, and ten grains to children. There can be no doubt that an increased filtration of water into the Malpighian capsules aids the separation of the organic constituents in the second capillary net-work referred to, both by facilitating osmosis on the principle of the more rapid current and by washing out of the secreting cells of the convoluted tubules the organic matter already excreted by them.

"By such means as these, after the unloading of the blood-vessels by the action of a purge, we may greatly serve our patient through diuretics. On the other hand, turpentine, cantharides, copaiba, and the class of diuretics which produce a congestion and stagnation of the blood in the second or venous capillary net-work, are mischievous, and should not be employed.

"It should not be omitted to mention that fomentations of a strong infusion of digitalis (one ounce to a pint) applied to the abdomen or lumbar region are often efficient in producing diuresis when other means fail.

"*Treatment of Chronic Bright's Disease.*—The chief indications in the treatment of the chronic forms of Bright's disease are two: *first*, to improve the quality of the blood, which has become anæmic and loaded with urea and allied organic compounds; and *second*, to combat the symptoms and complications, which form a source of great inconvenience and even danger to the patient.

"The first of these indications is chiefly fulfilled by the use of iron, quinia, and strychnia, nourishing food, and proper hygienic influences; and also by depurating the blood of its retained urea. The well-known Basham's mixture has the advantage of at least tending to eliminate, while it also restores. But the tincture of the chloride alone is a powerful agent which is always accessible, and when combined with the sweet spirit of niter is perhaps as efficient as the Basham's mixture. To either the quinia and strychnia may be added if desired, while to the latter the infusion or tinct. of quassia makes a compatible addition.

"With regard to diuretics, nothing need be added to what has been already said, bearing in mind that digitalis is our most powerful lever; but with regard to measures which promote a decided action of the skin I desire to add a little more. These are the 'warm pack-bath' and the hot-air bath already alluded to. I have recently used considerably the hot-air bath, and made some observations to determine its value; the results of which satisfied me that we have a much more useful agent than many of us have suspected. A patient with large white kidney was under my observation for more than a year. During a portion of this time his urine was carefully measured, and a portion of the twenty-four-hours' urine analyzed for urea by Liebig's volumetric process, which was repeated to insure accuracy. He was a very large man, passing copiously of urine, and the quantity thus arrived at was 540 grains, the total quantity of urine being 2,000 cubic centimeters (66⅔ fl.℥). He was then ordered a hot-air bath daily, during which he perspired most freely. The twenty-four-hours' urine was of course diminished; but on estimating the urea in the twenty-four hours after the sweating had been continued three days it was found to be 714 grains in 1,700 cubic centimeters (56⅔ fl.℥) urine, actually an increase over the amount secreted when not under the baths. This can be accounted for by the increased celerity of the circulation which would naturally result. If we add to this the amount of urea contained in the increased perspiration, which was of course not determined on account of the difficulties of collection, we will see how powerful a means of depurating the blood of its urea is thus at our disposal; and I am quite certain that if the use of the hot-air bath were more common, our power over Bright's disease would be greater. There is a common impression that it is troublesome and difficult of application; but this is not the case, as may be seen by the apparatus I exhibit, being that in use at the Philadelphia Hospital. Sometimes, however, these hot-air baths are not well borne by patients; they do not perspire, and the head and face become flushed, and the former throbs and aches. Under these circumstances the warm pack may be used instead.* It is perhaps equally efficient, but is more troublesome. It may be objected that these means are exhausting to the strength of the patient, but I think they will be found less so than is commonly supposed. The strength of the patient may, however, at the same time be maintained by iron, tonics, and milk.

"The use of *purgatives* for depurative purposes and to reduce the dropsy has long been common in the treatment of chronic Bright's disease, and to this end it has been common to select a peculiar class of purgatives; viz., those which produce profuse watery evacuations, as elaterium, scammony, gamboge, and jalap. But it must be remembered that in the circumstances now under consideration it is not a temporary cause, the effects of which we desire to obviate, but a constantly acting one; so that to be of service the purgative must be continued day after day, or every other day at least. Now such use of the hydragogue cathartics above mentioned can not be continued for any length of time without materially reducing the strength of the patient much more decidedly than through the daily sweat. I do not deny their effect in diminishing the dropsy. On the other hand, I have many times observed this effect, and in some I have observed the dropsy totally disappear, but with it the strength of the patient to such an extent that as the dropsy subsided the life of the patient went out with it; so that it might truly be said that had the patient lived a little longer the dropsy would have been cured. I am not therefore very partial to the continued use of cathartics in chronic Bright's disease; but it must be remembered that it is to the prolonged use that I refer; to relieve a sudden emergency, as the occurrence of uræmic symptoms; in a word, under the same circumstances under which I would use them in *acute* Bright's disease, if they could be administered, would I give them. Of the remedies mentioned, undoubtedly the one which most strikingly produces the desired effect is elaterium. The profuse painless discharges which it effects in doses of one twelfth to one sixth of a grain are well known, while the small quantity required makes it peculiarly easy of administration."

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* "Since reading the paper a member of the society has suggested the propriety of tying a wet handkerchief about the head, as is done in the Turkish bath, with a view of preventing these unpleasant head-symptoms; and it is not unlikely that it would prove an efficient agent.

TREATMENT OF HEMORRHOIDS BY THE CLAMP AND EXCISION—MR. HENRY SMITH'S METHOD.—A leather band is buckled around the right wrist and another to the foot, one band having a ring the other a hook attached. The leg having been bent, the two bands are hooked together, thus holding the limb out of the way during the operation. The hemorrhoids are turned out of the anus so that they can be grasped by the forceps. When this is done the ivory clamp is applied to the mass and screwed up, then the tumor is cut off with the scissors and the actual cautery applied to the cut surface to seal up the vessels before the clamp is removed. Another mass is drawn forth and the clamp applied; but, being small, it is merely seared with the iron without being excised first.

This having been done, an opium suppository is introduced. The bowels shall be kept quiet for four days, after which a cathartic shall be given, and in a week the patient will probably be discharged from the hospital.

This operation for the cure of hemorrhoids is simple, safe, quick, and effectual. The clamp consists essentially of two flat pieces of ivory arranged like a pair of scissors, with a screw which holds them firmly together when the pile has been seized between their edges. The object, of course, is to prevent hemorrhage after the excision, and to protect the adjacent parts during the application of the cautery. By this method the ordinary dangers of the operation are avoided; for hemorrhage is prevented, and there is no danger of pyæmia, because the mouths of the vessels are sealed up by the cautery.

In four or five hundred operations Mr. Smith has never had a case of pyæmia, and has never been obliged to plug the rectum for hemorrhage.

It has been asserted that stricture is likely to follow this operation. This might be so if a large portion of skin were cut away, but only the mucous membrane should be excised. Mr. Smith has never seen a case where stricture followed, and in one case where after death from another cause an examination was made no stricture whatever was found. In those instances in which it is necessary to excise a large portion of the skin it is well to use the bougie to dilate the orifice during the after-treatment, and thus to prevent the occurrence of contraction. (Philadelphia Medical Times.)

Notes and Queries.

Dr. W. K. Bowling.—This veteran editor, the originator of the Nashville Medical Journal, at one time its proprietor and sole conductor and always its master-spirit, after twenty-five years of faithful labor has put off the harness and turned his work over to younger hands. Dr. Bowling, whatever else may be said of him, has been an independent, fearless editor, expressing his thoughts in his own way and ready to maintain his opinions against the world. Whatever he has found to do he has done with his might, never weighing his words either of censure or applause, but praising his friends and denouncing those who offended him with the same prodigal hand. A man of genius as well as learning, possessing the true poetic faculty, he has written some of the most brilliant articles to be found in the whole range of our medical literature. If he has ridden some of his hobbies too hard and occasionally tripped in his theories, no one acquainted with the history of medicine will wonder at it, especially in a teacher of his ardent temperament. He presided with dignity over the last meeting of the American Medical Association, after delivering an address which won golden opinions from all quarters, and now quits the field of journalism with the best wishes of all his brethren.

Dr. John T. Lewis.—We have to record the death of another of Kentucky's old physicians. Dr. John T. Lewis, long a practitioner of medicine in Lexington, and more recently in Carrollton, died at his residence in the latter place, on the 2d day of May, 1875, in the seventy-third year of his age.

Dr. Lewis was a native of Virginia, but at the time of his death had been a practicing physician in Kentucky more than fifty years. He was diligent, judicious, and conscientious in the discharge of duty, and was esteemed by the people and respected by his professional brethren wherever he lived.

THE INTERNATIONAL CONGRESS OF OPHTHALMOLOGY will meet in New York City on Tuesday, September 12, 1876, at twelve o'clock noon. The following extracts from the rules of the congress will give an idea of the general character of the society and of the terms of membership:

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological sciences and to serve as a center to those who cultivate it. It will entertain no discussion foreign to this object.

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine or of surgery or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the society shall be admitted on presentation of their diploma or of their scientific title, unless ten members demand a ballot.

"5. The sessions of the society shall take place every fourth year, and be limited to ten days.

"11. The society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the president and secrctary, shall be given to each member on payment of his subscription (fixed at two dollars) and upon signature of his name on the register of those attending the meeting."

Among the members of this congress are such men as Arlt and Stellwag, of Vienna; Giraud-Teulon, Wecker, and Javal, of Paris; Helmholtz, of Berlin; Wm. Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Holland.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The co-operation of the profession of the United States in securing these objects is earnestly desired by the undersigned, the provisional committee appointed in London in 1872.

CORNELIUS R. AGNEW, M. D.,
HENRY D. NOYES, M. D.,
DANIEL B. ST. JOHN ROOSA, M. D.

PREGNANCY AFTER OVARIOTOMY.—Dr. George H. Bixby, of Boston, respectfully solicits from those members of the profession who have performed ovariotomy their experience in regard to pregnancy as occurring after that operation.

STATUE TO DR. WELLS.—The legislature of Connecticut and the city of Hartford have appropriated five thousand dollars each to erect a colossal bronze statue to Dr. Horace Wells, the discoverer of anæsthesia. A great many medical gentlemen have suggested that so laudable an undertaking should be participated in by the profession at large, realizing as we above all others do the immense benefits conferred upon ourselves, as well as mankind generally, by the discovery reverted to. Letters of inquiry may be addressed to Dr. E. K. Hunt, chairman of the Committee of the Hartford Medical Society. Subscriptions may be forwarded to Dr. G. W. Russell, treasurer, Hartford, Conn.

"CAN SUCH THINGS BE AND"—TAKE?—The Chinese are said to inoculate cow-pox by the following methods: 1. The pulverized virus is blown through a silver tube into the right nostril, if the patient be a boy, and into the left one in case of a girl. 2. A second and more modern method consists in dissolving the dry virus in four or five drops of clear water;

this is then taken up in a little cotton and thrust into the right or left nostril, according to sex, as above stated. 3. Fresh virus from a healthy child is applied on cotton, as described in No. 2.

THE COMING MEDICAL STUDENT.—This much-sought-after individual must, according to our great master, Dr. Gross, be, first, a gentleman; second, the possessor of a respectable amount of brains; third, the master of a good English education and a fair knowledge of Latin and Greek. If the third clause of these requirements is insisted on, there will be howling among the professorial corps from one end of the land to the other; and if it was made applicable to the teacher as well as to the taught, more than half the chairs in the schools would be emptied.

THE proprietorship of the New Orleans Medical and Surgical Journal has been transferred from Mr. Grisham to Messrs. Seymour and Stevens.

A ONE-HUNDRED-DOLLAR PRIZE is offered by Dr. S. D. Seelye, of Montgomery, Ala., for the best essay on Bright's disease. Competition to be open to the whole country, the award to be made by a committee of the state association of Alabama.

PROCEEDINGS OF SOCIETIES.—The third semi-annual meeting of the McDowell Medical Society was held at Hartford, Ky., in June last.

The following gentlemen were elected members: Drs. N. J. Rains, T. J. Shoemaker, C. W. Layton, T. J. Miller, and Tyler Griffin.

Dr. P. Thompson, of Henderson, presented a paper of interest on "The Improvements in Surgery." Referred to the Committee on Publication.

Dr. O. L. Drake, of Slaughtersville, chairman of the Committe on Obstetrics, presented a report which, after being read by the secretary, was referred to the Committee on Publication.

Dr. T. H. Luckett, of Owensboro, from the Committee on Hygiene, presented an excellent paper, entitled "The Application of Hygienic Measures to the Management of Disease," which was placed in the hands of the Committee on Publication.

Dr. J. Hale, of Owensboro, read a valuable contribution on "Zymotic Poison." Referred to the Committee on Publicetion.

Dr. I. H. Hodge, of Henderson, reported "Two Cases of Successful Operation for Strangulated Hernia."

Dr. J. W. Pritchett, of Madisonville, having announced the death of a deceased fellow, Dr. W. L. Jenkins, of Hanson's Station, it was resolved that a committee on necrology be appointed, whose duty it shall be to prepare a memoir of Dr. Jenkins, to be read at our next regular meeting. Drs. J. W. Pritchett, S. S. Watkins, and J. H. Letcher were appointed as the committee.

Dr. A. C. Wood, of Owensboro, president, delivered the annual address, which was listened to by a large and appreciative audience.

At the close of Dr. Wood's remarks several gentlemen spoke of the McDowell Memorial Fund, when it was moved that a committee of ten (one from each county represented in the society) be appointed, whose duty it shall be to solicit contributions for said purpose; this committee to make a quarterly report of progress, etc. The following gentlemen were appointed said committee: Drs. J. H. Letcher, J. F. Kimbley, Robert Taylor, T. J. Shoemaker, J. W. Pritchett, W. H. Hillsman, Amos Davis, O. L. Drake, R. M. Fairleigh, and G. W. Townes.

The following officers were elected for the ensuing twelve months: *President*—Dr. P. Thompson; *First Vice-president*—Dr. J. Hale; *Second Vice-president*—Dr. G. W. Townes; *Third Vice-president*—Dr. T. J. Shoemaker; *Fourth Vice-president*—Dr. Amos Davis; *Fifth Vice-president*—Dr. S. R. Nesbet; *Recording Secretary*—Dr. James H. Letcher; *Corresponding Secretary*—Dr. J. W. Pritchett; *Treasurer*—Dr. W. M. Hanna; *Committee on Publication*—Drs. E. H. Luckett, S. S. Watkins, J. F. Kimbley, W. M. Hanna (treasurer), and J. H. Letcher (recording secretary).

The newly-elected president returned his thanks, and added a few timely remarks touching the object of the organization, etc.

Dr. J. W. Pritchett reported a remarkable case of "Rupture of the Uterus, with Recovery,'' which, together with a paper by Dr. J. B. Cook on "Presentation of the Breech and Inferior Extremities, and Use of the Forceps,'' was referred to the Committee on Publication. The latter paper elicited quite a lively discussion, which was participated in by many members of the association.

The following preamble and resolution, offered by Dr. J. B. Cook, of Henderson, were unanimously adopted:

> "*Whereas,* Newspaper quackery has become of frequent occurrence in the medical profession, and there is a commendable effort being made on the part of some of the medical journals of our country to suppress the same, therefore be it
>
> "*Resolved,* That we condemn in unmeasured terms the attempt on the part of any medical man to foist his name before the community in which he resides by publishing or allowing to be published in the newspapers a history or report of his cases or surgical operations."

The chair announced the following chairmen of standing and select committees: Arrangements, Dr. J. B. Cook; Improvements in Surgery, Dr. J. F. Kimbley; Improvements in Practical Medicine, Dr. G. B. Tyler; Use of Forceps, Dr. J. H. Hodge; Obstetrics, Dr. W. A. Jones; Public Hygiene, Dr. G. W. Townes; Summer Diseases of Children, Dr. J. B. Cook; Diseases of Women, Dr. R. M. Fairleigh; Finance, Dr. T. W. Taylor; Puerperal Fever, Dr. W. B. Furman; Typhoid Fever, Dr. J. Q. A. Stewart; Consumption, Dr. T. H. Moore; Syphilis, Dr. N. A. Kitchell; Uterine Diseases, Dr. S. S. Watkins; Pneumonia, Dr. C. B. Hayden; Strabismus, Dr. J. Hale; Jaundice, Dr. E. H. Luckett; Use and Action of Blisters, Dr. A. H. Bryant; Ophthalmia, Dr. A. C. Haynes; Croup, Dr. P. Thompson; Blood-letting, Dr. R. M. King; Malarial Diseases, Dr. Tyler Griffin; Fractures, Dr. C. H. Todd.

After the usual thanks, etc., the society adjourned to meet at Henderson the first Tuesday in December next.

DR. ED. B. STEVENS, late editor of the Cincinnati Lancet, announces a new medical publication, the Central New York Journal of Medicine and Surgery, of which the first number will appear in September.

THE AMERICAN PRACTITIONER.

SEPTEMBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON THE USE OF COLD WATER IN FEVERS.

BY LUNSFORD P. YANDELL, M. D.

It was a favorite aphorism of the steam-doctors, often repeated by the people half a century ago, that "heat is life and cold death;" but the aphorism contains only half a truth. The extremes of heat and cold are alike incompatible with life. In man and in all warm-blooded animals life is comprised within a narrow range of temperature. Whether elevated a few degrees above the normal point or depressed to the same extent below it, the result is equally disastrous. It has been ascertained by experiments upon birds and the mammalia that death ensues when the heat of their bodies is raised by artificial means some ten degrees Fahr. above their natural temperature, and clinical observation has shown that when the heat of the body rises to 110° or falls to 89° the subjects are on the verge of dissolution.

The living animal body is endowed with the capacity of resisting within certain limits any great fluctuation of temperature. The depressing effects of cold are counteracted by the oxidation of food and the waste tissues in the system, and the tendency to abnormal heat is resisted by the evaporation of moisture from the skin in some animals and from the skin and fauces in others. The striking difference in the ability of different species of animals to endure heat without injury has long been remarked. The horse, for example, bears up under a burning sun as well as his rider, while the ox soon succumbs when compelled to labor in hot weather, and sheep and hogs are still less capable of exertion under a high temperature. The explanation is found in the fact that the horse perspires and the others do not, or if they do, it is in quantities altogether insufficient. Their faculty of refrigeration is limited to their tongues and fauces, and hence when panting under the heat of summer we see them lolling out their tongues, thus exposing all the humid surface they can to increase evaporation.

It is therefore by the evaporation of moisture from the surface of the body, as Dr. Franklin was the first to point out, that the bodies of animals are kept down to a normal temperature in a heated medium. Their heat necessarily increases when there is no fluid on the surface to be evaporated, and where the natural moisture is wanting the indication is to supply its place by water. Animals understand this, and quickly betake themselves to water when overheated.

The comfort to febrile patients afforded by the use of cold water must have been witnessed in every age of medicine, but up to the present day it has not been generally adopted. In many diseases attended by high fever there is still a strong popular prejudice against cold water either as a drink or an external application. Nor is the prejudice confined to the people; not a few physicians retain a lurking apprehension of danger from its free use, and allow it sparingly to their little patients with cholera infantum and in other bowel complaints. One of the facts upon which I began to insist soon after I became a teacher of medicine was that cold drinks were always admissible in diseases attended by urgent thirst. I contended that in fevers we could better dispense with any other remedy than cold water; and yet I have been meeting with old pupils occasionally ever since who were not converts to the safety of the practice—who were afraid to give cold water freely in cases of irritable stomach, and some who even inclined to the practice of my old colleague, Dr. Dudley, who claimed that more could be accomplished in fevers by tepid than by the coldest water.

It is now not far from a century since some English physicians, having experienced the beneficial effects of cold bathing in fever, attempted to draw the attention of medical men to the subject. Dr. James Currie, of Liverpool, toward the close of the last century published a volume, entitled "Medical Reports on the Effects of Water," which at the time excited a good deal of interest in our country as well as in Europe. His work was republished in Philadelphia in 1808, and was translated into German soon after it appeared. I have had a copy of this truly philosophical treatise in my library nearly fifty years. It is as satisfactory as to the remedial power of water in fever as a work could be. The author did not claim the practice as original with himself, but says he got the idea of it from Dr. Wm. Wright, who published an account of it in the London Medical Journal for 1786. Dr. Wright was led to adopt it in 1777 in a violent fever in his own case, contracted on shipboard as he sailed from Jamaica to Liverpool. Finding no relief from bark, an emetic, tinct. of opium, and the other remedies tried, and experiencing great comfort from being in the cold air on deck, it occurred to him, he says, to put in practice what he had often wished to try on others. So, September 9, 1777, he continues, "having given the necessary directions, about three o'clock P. M. I stripped off all my clothes, threw a cloak loosely about me till I got on the deck, when the cloak also was laid aside. Three bucketfuls of salt water were then thrown at once upon me. The shock was great, but I felt immediate relief. The headache and other pains instantly abated, and a fine glow and diaphoresis succeeded. Toward evening, however, the same febrile symptoms threatened a return, and I had again recourse to the same method as before, with the same good effect."

Having read Dr. Wright's narrative of his case, Dr. Currie determined on following the practice, and with what results is related in his reports. He dedicated his book to Sir Joseph Banks, in the hope that he might thereby excite an interest in the subject among men of general science, and so extend the practice through the commanders of fleets and armies; but a method of treatment "so bold and so contrary to common prejudices made," he admits, "slow progress," and after a time it fell into general disuse. How far it was ever adopted in this country I am not informed; but I remember a case in which cold affusions were employed by Dr. Newnan, of Nashville, in circumstances not calculated to raise the remedy in popular estimation. The case was one of autumnal remittent fever in a young man, a patient of my father's. It was the tenth or eleventh day of the disease, and the patient was nearly moribund. The Nashville physician felt that, having ridden a great distance to consult about the case, he must suggest something, and so had the young man stripped, laid on the floor, and two or three buckets of cold water dashed over his naked body. The effect was merely to cause some involuntary muscular movements, and the natural impression was that the violent remedy hastened the fatal issue, which followed in a few hours.

More than forty years ago Dr. Cooke called attention to the advantages of this practice in an admirable paper published in the Transylvania Journal of Medicine.* He was persuaded that "a powerful remedy had been too much neglected and even undervalued, although recommended as much by its pleasant effects as by its efficacy." In this paper he quotes largely from Currie, pointing out the conditions under which cold water was applied, and citing the most conclusive proofs of its power to arrest fevers. In addition to all this evidence he gives some of the results of his own large experience with the remedy. "In the severe epidemic of 1804, in Virginia, he was twice attacked, once violently; the fever was accompanied by delirium. He used cold water freely at the same time that free evacuations were going on from the administration of calomel and tartarized antimony. He administered it in many other cases the same year and in every year from that time." In the autumn of 1826, he continues, "there were so many sick in the town of Winchester, Va., in which the writer then resided, that he would not leave the town. Those in the country who, notwithstanding this refusal, chose to depend upon him were treated in the following manner: they were directed to use the cold affusion in the height of the fever, and to repeat it at the return of every paroxysm, and to use the common cathartic remedies as usual. The epidemic was very severe, many died in the town and country, and yet of the patients treated in this manner not one died."

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* Vol. V., p. 49, March, 1832.

But cold water still failed to command general attention, and its great value as an antipyretic agent was not generally recognized by physicians. Last winter the distinguished professor of theory and practice in the Bellevue Hospital Medical College, Dr. Austin Flint, took up the subject and published an admirable paper "on the Researches of Currie and recent views relating to the remedial use of Water." * The subject has also for some years past been engaging the professional mind of Germany, and already we have some most valuable contributions to our experience in the curative use of water from German physicians. Currie's work was translated into German as early as 1801, but Brand, of Stettin, has taken the lead in reviving the practice in that country. His earliest

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* American Practitioner for January, 1875.

publications were made in 1861; and he has stated, as the result of his experiments with cold baths, that he did not lose a single patient out of one hundred and seventy during a pernicious epidemic of typhus fever. His most gratifying success has been followed up by results quite as favorable in the hands of other practitioners, and the practice now rests upon such a basis of statistics that it is likely to maintain its ground and to meet at last with general acceptance. I will transcribe a few of these results.

Jurgensen, of Kiel, for instance, reports three hundred and eighty cases of typhus treated with medicine in the usual way, from 1850 to 1861, and one hundred and sixty-nine cases treated since with water. In his first series of cases a little over fifteen per cent died, while the mortality of those treated by water was only a little over three per cent; and since he reported his early experience he has had sixty cases in which he used water without the loss of a single one.*

Liebermeister has given the results of his experience with cold baths in typhoid fever in Ziemssen's Cyclopedia of the Practice of Medicine. He reports that after adopting the plan of methodically applying water he lost only eight per cent of his fever patients, whereas before he had lost sixteen per cent. Ziemssen's experience has been quite as encouraging. While the mortality in typhus with him under the old practice was thirty per cent, he lost only seven per cent after he began to apply water. Lindwurm, of Munich, lost only four per cent after resorting to the water treatment. Bamberger, of Vienna, had lost twenty per cent under the old plan of cure, but reduced the mortality by water to 6.6 in a hundred. In the city hospital at Nürnberg the average mortality of fourteen was reduced below five per cent by the change of practice. Pastau treated a number of typhus patients by the expectant method and others by water. Of the former he lost sixteen per cent, while of the latter only eleven per cent died. More strikingly still, of forty cases of febrile disease in which the hydropathic method was applied by Winternitz not one died.*

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* Tausky: New York Medical Journal for July, 1875.

Currie's success with cold affusions in scarlatina was quite as decided as it was in typhus fever. Dr. Cooke urged this practice during an epidemic of scarlet fever in Lexington in 1832. Thomas, Zuelzer, and other German writers recommend it not only in scarlatina, but in measles, the affection of all others in which it would be most opposed by popular opinion. But the indication for its use being the reduction of febrile heat, wherever in any disease the temperature is exalted cold water applied to the surface must exert a curative influence. Observations have shown that under its use the elimination of urea, uric acid, and carbonic acid is diminished, evincing its control over the destructive processes by which the blood becomes loaded with impurities; and hence there can be no doubt that in measles, as well as in all other diseases attended by excessive heat, the safety of the patient is enhanced by the reduction of his temperature. In the convulsions of children custom has established warm baths as the cardinal remedy, but where the child has fever cold water will be found far more effectual. A good many years ago, after trying warm baths in the case of a little boy all night without arresting the convulsions, toward day it occurrred to me, as his skin was hot, to substitute a cold bath, and the relief was instantaneous.

Sunstroke is an affection in which the use of cold water externally is especially indicated. We have here a morbid condition caused by heat, and in which preternatural heat of the body is at the same time the essential element. The phenomena of insolation grow out of the exalted temperature of the subject. If the temperature of the body be kept down to the normal point, no matter how great the heat to which the individual is exposed, there is no danger of sunstroke. This accident can occur only when the body is overheated.

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* Tausky: New York Medical Journal for July, 1875, p. 18.

In a fatal case observed by Dr. Dowler, of New Orleans, the temperature rose to 108° and in another as high as 112° Fahr. In a number of cases in which the thermometer was applied by Dr. H. C. Wood death took place before the heat of the body reached 108°.

Although sunstroke, like apoplexy, seems to be instantaneous, the explosion is always preceded by symptoms that give warning of the danger. I had a case during the hot summer of 1868 in which a stout Irishman fell a victim to his neglect of the premonitory symptoms. July 14th my patient, otherwise in perfect health, complained of great oppression from the heat, which ranged during the afternoon from 90° to 95°. His skin was dry and hot and his face flushed; he was tremulous in his motions, and had a restless, anxious expression of countenance. About three o'clock he walked out of his store in the hope of exciting perspiration by exercise; but disappointed in this, and the anxiety and sense of oppression increasing, he went to a drug-store and took some paregoric in an ounce of whisky. After this he again walked out, and shortly after returning to his room, about five o'clock, was seized with apoplectic symptoms. When I first saw him, at half past six, his face was livid and turgid, and in less than an hour he died. He was too far gone to encourage any efforts in his case, but there can hardly be a doubt that the free application of cold water to his body at any time during the afternoon would have averted the fatal attack. The following case, which occurred in this city a few days ago, and was reported to me by my friend, Dr. Cox, confirms this opinion:

July 17th Charles Zoller, a stout German tanner, thirty-five years of age, left his house in the morning in perfect health, but had to quit his work and return home about eleven o'clock A. M., complaining of great heat and a sense of exhaustion. His place in the tannery was near a boiler, where he worked in an atmosphere highly heated, notwithstanding which he had ceased to prespire that morning. About three o'clock P. M. he fell from his chair unconscious and with stertorous breathing. When Dr. Cox saw him a short time afterward he was insensible; his pulse 130, full and hard; pupils dilated. In two minutes the thermometer in his axilla rose to 110°, and the doctor thinks would probably have risen higher had he felt authorized to continue his observations longer before resorting to treatment. He was totally unconscious, and his breathing stertorous. He had been enveloped in a woolen rug to induce sweating. The doctor had him stripped at once and laid upon the rug on the floor, between an open door and a window, and, standing on a chair, poured water freely over him, beginning at his head. In twenty minutes his temperature had fallen to 103°. In thirty minutes the stertor had ceased, and he opened his eyes, though still but little conscious; pupils less contracted, the left more than the right; slight convulsion about the time his breathing became natural. Treatment continued until his temperature fell to 100°. Bromide of potassium and aconite were given for the tendency to convulsions. At half past four Dr. C. left him improving. Directed sponging of body and cold cloths to the head. At half past five returned and found him entirely conscious, able to talk, and complaining only of pain in the top of his head. No unpleasant effects followed.

Dr. Cox thought when he first saw the case that the lancet was demanded, and Dr. Ronald was called in to consult about its propriety; but the symptoms yielding so promptly to the depressing effects of the cold water, it was agreed that blood-letting was not necessary.

In all cases the efficacy of the water depends upon its refrigerating effect, and the question is as to the most efficient mode of applying it. Currie preferred cold affusions, attaching to them a peculiar efficacy; but this method gives great pain to many patients, and is less eligible than the cold bath. Where the temperature is persistently high the bath is unquestionably the preferable mode if it can be employed, but in private practice this is not always the case. The next best method then is to remove the patient from bed and pour the water over his body till the temperature is reduced; but in a great many cases it will be found sufficient to wet the patient thoroughly as he lies in bed, and keep up evaporation from his body by means of a wet sheet. This is all that is required in the fever of intermittents, and I have repeatedly secured intermission in remittent fevers by the continued application of water as the patient lay in bed. The relief is very great. A man once said to me as I began to pour cold water over his chest and abdomen from a pitcher, "Doctor, this is better than all the medicine in the apothecary shops." A child, in the summer of 1841, was suffering with remittent fever, attended with great irritability of stomach. His father lived on the banks of Stone's River, in Tennessee. I had the little fellow immersed to his armpits in water from the river. He began at once to dip the water up with his hand and drink it. He was kept in the bath till his fever and thirst were allayed, and the vomiting ceased with the subsidence of his fever.

It is a significant fact that the only authors in Germany who report unfavorably of cold water in fever after extensive trials with it are two who permitted long intervals in its use. Krügkula and Leube failed to procure the happy results that followed the practice in the hands of others; but they only applied the remedy from six o'clock in the morning till ten in the afternoon, so that for eight hours during the night the fever was unchecked. Where baths are impracticable it is quite possible to keep down the temperature by repeatedly pouring cold water upon a sheet covering the patient, the bed being protected by means of an oil-cloth. The nurse always watching patients seriously ill with fever can easily perform the operation.

The point to be kept steadily in view is the reduction of temperature, which is to be determined in every case by the thermometer. As often as the heat becomes abnormal it must be subdued by fresh applications of water. And it is not necessary that the water be cold. Not a few patients indeed find cold water exceedingly disagreeable, and in their case tepid water should be substituted, which by its evaporation will produce the antipyretic effects aimed at.

I may mention in this connection a practice which I have pursued for many years and have been in the habit of recommending to my friends for securing sleep in very hot weather. It is this external use of water. A cold bath before going to bed will effectually lower the temperature of the body and favors sleep; but a bath can not always be commanded, and then I have availed myself of the evaporating process. The night-shirt being saturated with water carries off the heat of the body by evaporation, and renders sleep possible in the hottest summer night. In all the forty summers during which I have been using water in this way I have never contracted a cold from the practice.

As a drink in febrile and inflammatory diseases cold water is of inestimable value, and few physicians, it may be hoped, retain at this day any of the old prejudices against it. There is, in truth, no substitute for cold water in fevers, and after a long experience I freely express the opinion that it is admissible at all times in every morbid condition of the system. It is never contra-indicated when the patient craves it. Ice is better in cases of vomiting, but many times the thirst is not appeased by ice, and then with it ice-water should be freely allowed.

I have thus given, in a general way, my experience in the use of cold water, in the hope that my testimony following that of so many experienced practitioners may contribute to its more general adoption.

LOUISVILLE.

IS MENSTRUATION PATHOLOGICAL?

BY THEOPHILUS PARVIN, M. D.

The August number of the American Journal of Obstetrics contains an article by Dr. A. F. A. King, of Washington City, entitled "A new Basis for Uterine Pathology," which presents many points for criticism, and some of these we propose briefly to consider.

The following extract from Dr. King's paper will enable our readers to understand the significance of the question presented as the title of this communication:

> "In the performance of the menstrual function the uterus is made to deviate from the true line of typical normality. In the strictest sense of the word, therefore, menstruation is a disease; it is not a purely physiological process, but a departure from nature; and in a recently-developed uterus, otherwise perfectly healthy, menstruation constitutes the first obliquity from the direct line of health, and from it, as a beginning, the wider and more complicated divergences branch out. . . . . So deeply grounded in the medical mind is the conception of the process of menstruation being purely physiological in character that I may here present, though only in brief, the considerations that ought to lead any unbiased thinker to a different conclusion."

But before mentioning any of "the considerations" which Dr. King anticipates will have such extraordinary effect upon "unbiased thinkers," we wish to state that Auber has anticipated some of his views. Roussel, to whom Dr. King refers in a foot-note, but whose special views he does not present — simply stating that he regarded menstruation as pathological, an unnatural habit acquired in past ages, and now become a settled and regular attribute — looked upon the menstrual flow as a salutary crisis belonging to women in civilized life, because they did not live simply and frugally as in the savage condition, but gave themselves to table excesses; but Auber believed that women menstruated because they no longer, as in the savage state, could immediately satisfy the instinct of reproduction, and hereditary influence perpetuated the characteristic once established. Raciborski suggests that in the practical working out of Auber's views we may imagine a girl who conceives before having had any menstrual flow; after delivery she becomes pregnant without any flow, and thus repeats pregnancy and accouchement until at the end of the child-bearing period she has given birth to forty children; a rate of increase that would, if any thing could, disturb the bones of Malthus most terribly. And yet would she not be a woman of perfect uterus, never having known that pathological infirmity, a menstrual flow? Very well has Raciborski said that such a condition of things would not be favorable to the perpetuation, still less to the multiplication, of the race, since most of the infants would die, and very few mothers could endure so many and such near pregnancies.

And now let us turn to some of Dr. King's "considerations:" "*First*—Menstruation is the result of an interference with nature, of a thwarting of her designs, of a violation of her laws, and is preventable by obedience to those laws." This argument is utterly without force; it is a *petitio principii*—assumes the very point to be established. But "*Second*—In the great majority of cases it is not latent, as are other purely physiological processes, but is accompanied by unpleasant symptoms." And "*Third*—To preserve comfort and cleanliness it requires during its continuance the application of an artificial appendage to the person. This requirement belongs to no natural emunctory." As long as human beings indulge in defecation, urination, and the application of a handkerchief to the nose, and make their clothing correspond with their sensations and the conditions of the atmosphere, these arguments will not seem quite conclusive.

"*Fourth*—Menstruation is a hemorrhage; it is attended with a rupture of blood-vessels. Blood-vessels were not made to be ruptured. No hemorrhage is natural." Here again assertion is put for proof. The African king would not believe that in the country from which the missionaries came water ever became solid enough to bear an elephant. It was unnatural; it was contrary to his experience. Because hemorrhage elsewhere is not natural it does not follow that it may not in certain circumstances be natural when it comes from the uterine cavity. By parity of reasoning he might prove that the uterus is incapable of developing to the size required for containing a fetus at full term.

"*Fifth*—Although menstruation is desirable and necessary to celibate females to relieve congestion of the uterus, it still ranks second-best to reproduction, which prevents abnormal congestion; and it ought no more to be considered physiological on account of its salutary effect than epistaxis, which relieves congestion of the brain," etc.; which "consideration" we merely mention for the benefit of our readers.

"*Sixth*—The menstrual *periods* in women are analogous with the periods of œstruation ('heat' or rut) and ovulation in other animals. In both women and animals these *epochs* are the *periods* naturally designed for *coitu* and successful impregnation, as evidenced (1) by the coincident discharge of ovules, and (2) by the well-known greater certainty of conception taking place when coition occurs during the epoch. Now the menstrual discharge, except during the first few ovulatory periods of puberty, prevents coition; or if sexual union is admitted without precautionary measures, it may produce gonorrhea in the male. The menstrual *discharge of blood* has no analogue in other animals." Commencing with the last assertion, and not waiting to show the misuse of the word analogue, if Dr. King will turn to Raciborski's *Treatise on Menstruation*, he will find himself mistaken in what he means to assert. This author, who has not investigated the subject of menstruation merely or chiefly in a library, states that woman is not the only one subject to menstrual hemorrhage; that at the *Jardin des Plantes* he has seen apes that menstruated freely for five or six days every month, and that this hemorrhage is still more characteristic in their native country and where they are free; and that some females of the domestic *mammifera*—heifers, bitches, sows, etc.—at least certain of the more distinguished races, have a vulvar hemorrhage at the time of the rut, not as much as in woman or the quadrumana, but still an unequivocal discharge of blood. But gonorrhea may be produced, unless proper precautions are taken, if sexual intercourse occur during menstruation. But here does not Dr. King confound a specific disease, consequent upon a positive *contagium*, and that produced by a non-specific cause? To that form of urethral disease which occasionally, not commonly, results from intercourse with women during menstruation Diday gave the name of *urethrorrhea;* and states that blenorrhagia, or gonorrhea (which is a sad misnomer, meaning a flow of semen, and ought to be banished from medical science), "results exclusively from contact with the secretion of blenorrhagia. In spite of apparent contradictions, it is never caused by the contact of any other secretion of the genital mucous membrane. Urethrorrhea is certainly caused by the contact of menstrual blood, and perhaps also by some other secretions of the genital mucous membrane." And another eminent French observer remarks, "The product of any secretion whatever, especially if morbid, may irritate, inflame a sound organ with which it is placed. But is this contagion? Most assuredly not. There is here but an illustration of *propagation by way of irritation.* Between a contagious and a simply irritant cause there is an insuperable distance." And Guerin suggests that if the menstrual blood was as injurious as represented by some, blenorrhagia would be infinitely more frequent; and says that a man having intercourse with his wife during the flow has nothing to fear. The flow may be arrested, and she have a hematocele; but he gets nothing, unless he is one of the husbands whom Molière has ridiculed so effectively. Gosselin asserts you will always find blenorrhagia in a woman from whom a man has got blenorrhagia; and Cullerier asserts that if you find a patient with *chand-pisse franche*, you may bet a hundred to one it resulted from impure coition.

Enough has been quoted to show that Dr. King is at least on debatable ground when he attributes gonorrhea to the menstrual discharge.

But the greater certainty of conception if coition occur during menstruation! One case is adduced in a foot-note to establish the point; while the wonderful multiplication of the Jewish race, who by divine command abstained from cohabiting during the period, proves that conception readily occurs at other times. Pouchet asserts that impregnation can only be accomplished from the first to the twelfth day after menstruation, and Courty's conclusion is that in general conception does not take place except in the eight or ten days following the flow.

The seventh of Dr. King's "considerations" is, "Evidence is wanting to prove that menstruation is common in women belonging to the savage races of mankind, who live more strictly in accordance with nature, untrammeled in their reproductive function with the usages of civilization. The Hindoo women, as a rule, do not menstruate; with them menstruation is considered a crime." The first sentence ought to have *not* inserted before "common." If any one will turn to Moreau's Natural History of Woman, there will be found abundant evidence that menstruation does occur among savage people, and that some—*e. g.*, the negroes and Hottentots of Africa—keep in a seclusion similar to that required of Jewesses during the flow. Indeed we may justly adopt the language of Saboyer (*Traité des Accouchements*, Paris, 1873), and assert that it is without exception indisputable that woman of whatever country, of whatever race, is subjected to the function of menstruation.

But Hindoo women do not menstruate! Consulting a friend, the Rev. L. G. Hay, who with his family resided many years in India, and in whose house female servants were employed, I learn that this is a gross error. The very word in *Hindi* to express the function of menstruation is best translated into English by *custom;* it is the custom of women among the Hindoos, just as the Chinese say *moons* for monthly periods. Tables of the time, in reference to climate and race, when menstruation first occurred have been published; *e. g.*, one will be found in Tilt's Uterine and Ovarian Inflammation (London, 1862), in which hundreds of cases of the Hindoo and negro race are found. When Dr. King asserts that menstruation is regarded as a crime by the Hindoos he possibly has mistaken the importance which is attached by them to early marriages, so that sexual congress may certainly occur at the access of puberty, and thus no opportunity for impregnation may be lost. The Hindoos, as well as the Persians and Chinese, even marry infants still-born, in order that their souls may not be compelled to wander upon the earth in expiation of their celibacy. (Raciborski.)

"*Eighth*—History does not furnish *unequivocal* evidence that menstruation was common in ancient times." He then alludes to the case of Rachel and her expression, "custom of women," etc. That our readers may see how blindly eager Dr. King seems to establish his point we shall quote his further remarks as to this in full:

> "But the case of Rachel was altogether an anomalous one. She was twice disappointed in marriage; twice were her expected nuptials postponed for a period of seven years (fourteen in all) by the intrigues of her father, Laban. For some time after her marriage, unlike her sister Leah, she was barren. (Genesis xxix, 31.) Envying Leah, she said to Jacob, 'Give me children, or else I die.' And Jacob answered, 'Am I in God's stead, who hath withheld from thee the fruit of the womb?' (Genesis xxx, 1, 2.) Although afterward the mother of two children, she is the first woman recorded as having died in childbed, as she did at the birth of Benjamin.

(Genesis xxxv, 18.) Her sister Leah bore seven children. The term 'custom' in the text referred to would seem to be more or less conclusive (admitting no errors of translation) were it not for other references, in which we read (Leviticus xv, 19), 'If a woman have an issue, and the issue of her flesh be blood, she shall be put apart seven days, and whoever toucheth her shall be unclean,' etc. And again (29, 30),'She shall take two turtles and two pigeons, which the priest shall offer as an offering *tò make atonement for her* for the issue of her uncleanness.' Thus the issue seems to have been regarded as sinful. If it had been common or 'customary,' how numerous must have been the priests, how constant their duties, and what countless thousands of turtles and pigeons must have been required for their sacrificial offerings! Of these there is no sufficient record."

The doctor misquotes. The offering was two turtles *or* young pigeons, not two turtles *and* young pigeons. He italicises where no italics are found, and possibly he confounds impurity or uncleanness with sin. The same chapter from which he quotes refers to a man having a running issue out of his flesh, who is required to make just such a sacrifice as woman after her issue. By parity of reasoning we might assert that, as he says the "issue" in the case of the woman seems to have been regarded as sinful, so a man who had an abscess or hemorrhage from the bowels, etc., had also sinned. Raciborski regards the hygienic laws relating to menstruation established by Moses as wise for the Jews in the climate in which they lived.

It appears from the history that Rachel's excuse for not rising up when her father came into her tent meant something that he understood, and was ample apology for this failure in the appropriate manifestation of respect; and all the story about the delay in her marriage, her temporary sterility, and her death in childbed is simply insignificant — it gives no explanation. Upon consulting a Hebrew-Latin dictionary, an authority among the learned Jews, for the word which in our English Bible is rendered *custom*, we find the following definitions: *via, iter, mos, consuetudo.* Elsewhere in the Old Testament there are references to what most, probably every, "unbiased thinker" would regard as menstruation. Even in this very chapter the expression "sick with her flowers" is used; and in the Talmud, I am informed, there is distinct recognition of the truth that Jewish women menstruated.

"*Ninth*—Women have been known to bear large families and enjoy good health without ever menstruating at all. Can it be said that such women are sick? Must it not rather be admitted that they are enjoying a higher grade of health, that their reproductive systems are following more strictly a natural course, than belongs to sterile and menstruating females?"

Of course these women who do not menstruate but bear children are exceptions. The axiom universally acknowledged is, as expressed by Dr. Felix Robaud in his work on Impotence and Sterility (Paris, 1872), *without menstruation no fecundation.* Utopia would doubtless be a delightful place to live in; but where is it? How shall we get there?

"*Tenth*—Since procreation is natural to women during a part of their life, the child-bearing period must have a beginning. If puberty, when the organs are fully developed and prepared to fulfill the procreative office, is not the natural period for reproduction to begin, when else *is* the beginning of the child-bearing period? To postpone the reproductive act beyond its natural time is abnormal. Menstruation would not occur without such postponement."

The great error, as it seems to us, in these statements is confounding *puberty* with *nubility.* Because a girl is capable of conception it does not follow that she should be put in relations that will render this event probable. Premature production is injurious, says Raciborski, alike in the human species, in the animal and in the vegetable kingdoms; injurious alike to the producers and to the products. Women who marry young often are sterile during the first years of their marriage, or have only small and delicate infants, and are peculiarly liable to abortions, while the mortality of infants born of such marriages is much greater than when the mothers are not married until after twenty years of age. Now if these statements be true—and they are not opinions, but the results of observation and the deduction of statistics—how can puberty, which usually occurs at fourteen or fifteen, be regarded as "the natural period for reproduction to begin"?

Again let us repeat that puberty is not synonymous with nubility, and the female is generally some years later in attaining the latter than the former.* The pelvis does not attain its complete development until twenty years, and ovulation is no proof of the full development of organs concerned in pregnancy and parturition. And if it be abnormal to postpone the reproductive act after puberty in the case of girls, why is it not abnormal to have such postponement in the case of boys? Such a mad world of moralists, legislators, and physiologists, who do not see that begetting and bearing babies are normal just as soon as such action and passion are possible! Here is a new gospel for them to learn—the gospel of propagation. Begin early, continue constantly, and that pathological enormity—call it menstruation, catamenia, moons, woman's custom, poorly times, being unwell, flowers, sickness, or whatever euphemism you will—shall as surely be banished from this earth as St. Patrick banished snakes and toads from blessed Ireland!

Dr. King's eleventh consideration is that the liability of women to congestion and inflammation from exposure to cold during menstruation is an argument in favor of the latter being a pathological process; and his twelfth and final one is derived from the peculiarly attractive character of girls at the advent of puberty. "*Most* beautiful and *most* attractive to the opposite sex" at that time; yet we think, notwithstanding Dr. King's italics, very few sensible men care to select a bride of sweet sixteen or under.

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* We have previously given a picture of the imaginary woman who conceives without menstruating, and keeps on industriously bearing children without pause for menstruation until she is forty-five years old, by which time she has added forty to the human family; and were the opportunity offered our ovulating maidens in all their budding beauty to be such a one, with all the typical perfection of her generative organs, or to be like their mothers, we fear they would be so unwise as to make the latter choice.

This new basis for uterine pathology will hardly last a year, and another Jason must seek for the golden fleece which we are sure Dr. King in all his voyaging has not found. Nevertheless, in taking leave of his elaborate paper—a paper more abundant in theories than in facts, and marked by peculiar forms of speech which have a sort of Herbert-Spencer stamp—let us give in conclusion his receipt for perfect female sexual organs, a receipt that stares upon us with a fearful array of italics, though we doubt whether the experiment will ever be tried on such a scale as to verify or disprove its value: "*There can be no doubt that impregnation during one of the several ovulatory periods that usually precedes the establishment of menstruation at the puberic age is strictly in accordance with nature, and the surest means of maintaining typical perfection, both functional and structural, of the reproductive organs.*"

INDIANAPOLIS.

CHLORAL-POISONING.

BY R. C. BRANDEIS, M. D.

The injurious effects of a continued use of the hydrate of chloral is seldom more markedly illustrated than in the following case, which fell under my notice a short time since.

On the 2d of last month I was asked to see Mrs. K., who was said to be suffering from a sore-throat. The patient was twenty-two years of age, a blonde, of strumous appearance, greatly emaciated, and so weak that she was almost unable to rise from the chair upon which she was sitting. I was told that on Christmas-day she was taken with uterine contractile pains, and on the day after gave birth to a fetus of about three months. She recovered but slowly, and thinking that a change of climate might be of service, the family removed to Louisville, having previously lived at Chattanooga, Tenn. Although resident here for more than two months and surrounded with all the luxuries of life, and taking frequent drives in and about the city, the patient's condition improved very imperceptibly. Indeed for several weeks back there was a gradual failing in her health; she ate but little, and that with difficulty, and this condition gradually grew worse, until about ten days before almost every thing the patient took was regurgitated through the nose; and for several days past whenever food, either fluid or solid, was taken severe fits of coughing and choking would set in, which at times would threaten suffocation. The patient lost much sleep, and tossed about from side to side in bed in consequence of the difficulty of respiration.

I requested the patient to swallow a mouthful of milk, but on attempting to do so a spell of coughing set in so severe that she became almost cyanotic, and at last the milk was ejected through the nose and mouth. Suspecting a stricture of the esophagus, I auscultated that canal according to the rules laid down by my friend, Dr. Elsberg, of New York. Applying the stethoscope over the sixth cervical vertebra, the patient was directed to swallow a mouthful of milk. Although I listened anxiously, I failed to hear the peculiar gurgle described by Dr. E., and on moving the stethoscope along the left of the spinal column, down to the dorso-lumbar region, could not detect the passage of the milk. I suspected now a stricture of the esophagus near its pharyngeal opening. On introducing a spatula into the mouth I found the pillars of the fauces retracted, the soft palate and uvula flaccid and dependent into the cavity of the pharynx; nor could they be moved during phonation, and but slightly during deglutition; and when I introduced the mirror of the laryngoscope into the mouth and applied it to the soft palate a severe attack of coughing set in. As this was the uniform result every time I attempted an examination, I desisted for that day, and directed a strong solution of bromide of potassium for frequent use as a gargle.

The next day the condition of the patient was unchanged, except a diminished sensibility of the pharynx, which enabled me to examine the larynx. This organ presented a general hyperæmia with considerable thickening of the epiglottis, due in all probability to the repeated coughing-fits and the irritation of foreign bodies coming in contact with it. The esophagus, which I attempted to dilate, was almost entirely occluded in consequence of the paralysis, and thus the dysphagia was explained.

There were no evidences of diphtheritic deposit, nor had the patient ever had any affection of the pharynx or respiratory tract previous to the present. All suspicion of syphilis was removed by the positive declaration of the husband and a close examination of the genitals and the lymphatics. The abortion seemed due alone to a rather ill-timed ride on horseback. The most careful examination and inquiry afforded me no clue to the cause of my patient's trouble.

I directed a course of quinine and iron, and gave beef-tea in tablespoonful-doses every two hours, with noticeable improvement in the general appearance of the patient, though the local disease was unchanged. On the 8th of May, for want of something better, I used the galvanic current from Drescher's two-cup battery, applying the sponges on both sides of the neck, varying this with Mackenzie's laryngeal electrode to the constrictors of the pharynx and the sponge up and down the spine. This treatment, proving of no avail, at the end of a week was abandoned.

The general appearance of the patient, however, continued to improve. I added strychnia to the iron and quinine, and directed daily baths in warm water and spirits. On the 18th of May I noticed a bottle of hydrate of chloral on the dressing-table, when on asking the patient whether she used this drug I was told that she occasionally took some when sleepless. Suspecting nothing further, but remembering the antagonistic action between chloral and strychnia, and thinking that the latter would fail to exert its full effects if the former was persisted in, I ordered the hypnotic to be discontinued. As soon almost as this was done the patient began to improve rapidly. The paralysis disappeared within a week, the cough and insomnia diminished apace, and on the 1st of June I discharged my patient well. In the interim she gained seventeen pounds in weight, and the various functions were perfectly restored.

I subsequently learned that Mrs. K. had been in the habit of taking chloral hydrate in increasing doses, until at the time mentioned she was taking from forty to sixty grains three or four times a day, in order to overcome the sleeplessness and pain which followed the abortion.

In view of these facts I have no hesitancy in pronouncing the above a case of chloral-poisoning; and though I have examined the German, English, and American journals at my command, I have been unable to find another case with a similar train of symptoms. The use of chloral has become so common, and the laity are taking it in so reckless a manner, that I could not refrain from publishing this case.

LOUISVILLE.

Reviews.

Cholera Epidemic of 1873 in the United States. By ELY McCLELLAN, M. D., Assistant Surgeon U. S. A.; J. C. PETERS, M. D., and JOHN S. BILLINGS, M. D., Assistant Surgeons U. S. A. Washington, 1875.

Of all the cholera epidemics by which our country has been visited that of 1873 was by far the mildest. In fact the question has been raised whether the disease that afflicted many of our towns and cities that year deserves the name of an epidemic. It assuredly was not widespread, and while it exhibited all its usual virulence in the places where it appeared, it showed no tendency to become general. In Louisville, for example — between which and the cities of Memphis and Nashville, where it was raging as an epidemic, there was daily communication by rail — only a few cases occurred, no diffusion of the disease following them.

The volume before us, published at the expense of the United States Government, affords much the most circumstantial history of the disease that has been produced in our country, and will be received every where as a highly important contribution to the literature of cholera; for, in addition to the facts related of the epidemic of 1873, it gives an account of the travels of cholera in Asia, Europe, and North America, and the most complete bibliography of the subject hitherto published. After a clinical history of the epidemic of 1873, and chapters on the etiology and the prevention of the disease and on the origin of the late epidemic, Dr. McClellan gives a narrative of cholera as it appeared in Louisiana, Mississippi, Arkansas, Tennessee, Illinois, Missouri, Kentucky, Ohio, Indiana, Alabama, West Virginia, Georgia, Minnesota, Pennsylvania, Texas, Iowa, Dakotah, in the New York harbor, and in the United States army. This narrative is one of infinite interest to the etiologist, and is one which concerns all communities liable to visitations of cholera. It indicates the manner in which the malady is transported from place to place, and suggests the methods by which its threatened invasion may be turned aside.

When malignant cholera was impending our country in 1832 hardly any one doubted that the disease depended upon an aërial poison which, if it reached our shores at all, must be borne across the Atlantic Ocean; and the profession was busy with speculations as to where it would be likely to fall with greatest severity. We flattered ourselves at Lexington that the poison could hardly remain long upon the elevated plain on which that beautiful city is built. Cincinnati and Louisville, standing in a valley upon the banks of the Ohio, appeared to us as affording conditions most favorable to the rise and prevalence of the epidemic. But our speculations were soon negatived by experience. Cholera came toward the close of the summer of that year, and was fatal enough in Cincinnati, but passed lightly over Louisville; and the year following it fell upon Lexington with a severity hardly surpassed any where in the history of the epidemic. Even at that early day it began to be claimed that the disease was not dependent upon any general atmospheric disturbance, but was caused by a virus which was carried about by men in their travels.

This is the opinion contended for in the work before us, and this, we may add, is coming to be the received opinion of the profession all over the world. Cholera is not a contagious disorder. Nurses and physicians are not more apt to contract it than persons who avoid all intercourse with its victims. It is not communicable by inoculation or even by swallowing the dejecta of patients laboring under the complaint, and yet it is propagated from subject to subject. It is imported, there is reason to believe, always from the locality in which it took its rise early in the present century. There is nothing that emanates from the body of the sufferer immediately to engender it; but when the morbid excretions have been exposed to the air after a certain period of incubation they acquire the power of originating the disease. Such seems to be a true account of the propagation of cholera, which thus is portable without being directly communicable. It is always carried from one point to another, but is not imparted directly from individual to individual. Time must elapse for maturing the germs, and they must find a nidus suited to their development. They do not reach maturity in all soils, and there are localities which, though often taken in its way by the epidemic, have never been visited by cholera.

The poison therefore demands conditions for its activity. It requires heat and moisture; but heat and moisture, aided by no matter what amount of vegetable decomposition, will not originate the poison. The miasm, the germs must be introduced, and then, if circumstances favor, the disease prevails; if not, it ends with the case importing it. At Lexington a few fatal cases occurred about the beginning of frosts in 1832, but the cold arrested the disease, and nothing more was heard of it until the 1st of June, the summer following, when it broke out in a truly epidemic form.

The authors of this work think they have shown how cholera has been introduced in nearly every case, and are satisfied that where this has not been done the failure is due to the want of a full history of the case. They are also convinced that water is the vehicle through which the cholera-germs are introduced into the human system. The thought is not a palatable one, but the evidence accumulated tends to show that we drink the poison of cholera. We are by no means convinced of the fact. Especially we think facts are wanting to prove that cholera is always propagated by germs carried into wells and springs of water from the dejections of cholera patients; but water seems to have an active agency in its diffusion, and the germs may be carried to it independently of privies, washing rains, or seepage. They may be transported by the wind and lodged in our drinking-water.

Taking this view of the origin of cholera, Dr. McClellan and his coadjutors have great confidence in the power of communities over the pestilence. They are convinced of the practicability of stamping it out by proper hygienic measures; nay, they believe it was thus held in check during its late march through the United States. They are persuaded that but for the interference of sanitary art it might have attained the fatal malignity of former epidemics.

We regret that we are not able to share these cheerful conclusions with our authors. We are far from believing, as they do, that hygiene had any decided agency in shaping the course or character of cholera as we saw it in 1873. We greatly fear that its very limited diffusion was the result of other causes; but we shall not urge our doubts on this subject, since confidence in the efficacy of sanitary measures is itself salutary, and leads to action which tends to circumscribe the spread of cholera. Beyond controversy, the spread of the disease depends in every case upon local causes, which wise action may to a great extent remove, and the recognition of this fact is a most important step toward the suppression of the pestilence.

Of treatment, every plan ever suggested is referred to by Dr. McClellan as having been instituted at the various points at which the late epidemic of cholera broke out. At New Orleans it is stated by Dr. C. B. White that "under the hypodermic use of morphine and atropia, or morphine alone, immediate relief and ultimate recovery was the rule." The same was the result of the use of calomel and quinine. Calomel was used in heroic doses by many physicians, who claim for the remedy thus employed the most beneficial results. Others exhibited the remedy in small but frequently-repeated doses. The cases collected by Dr. McClellan, 7,356 in number, show the following results: "In the treatment by calomel, in large and small doses, there was a mortality of twenty-three per cent; calomel and opium, there was a mortality of thirty-one per cent; calomel, opium, and acetate of lead, the mortality was forty per cent; calomel, opium, and stimulants, the mortality was fifty per cent." The preparations of iron appeared to be of decided efficacy, and the acid-treatment succeeded admirably in the few cases in which it was tried. In the 7,356 cases the mortality was fifty-two per cent; but Dr. McClellan adds that "the exhibition of opium, followed by alterative doses of calomel and absolute rest in the recumbent posture, almost invariably arrested the disease in the premonitory stage."

This faithful history of the epidemic cholera of 1873 is likely to take a permanent place in the literature relating to that scourge of the human race. As a work of reference it possesses great value. It constitutes a magazine of facts to which all students seeking to acquaint themselves with the laws of cholera must have recourse. Its interest is enhanced by the maps interspersed through it.

The Climate and Diseases of America. By DR. JOHANN DAVID SCHOEPFF, Surgeon of the Anspach-Bayreuth Troops in America. Translated by JAMES READ CHADWICK, M.A., M.D. Boston: H. O. Houghton & Co. 1875.

This pamphlet was unearthed by Dr. Chadwick while ransacking an antiquarian bookstore in Erlangen. It consists of letters addressed to Prof. Delius, of Erlangen, during our revolutionary war. The author was surgeon of a regiment of Anspach-Bayreuth troops, hired by the king of England to fight against his rebellious American subjects. Dr. Schoepff gives an account of the colonists not at all flattering to their national vanity. He says of them: "Lank, feeble, weak, without the bloom and hardy aspect of youthful health, the American is more like a rapid-growing weed than an oak, which attains to a durable strength by a slow growth. A single glance is all that is required to distinguish an American from a European; and if the latter has once withstood the hardships of the first change of climate, he may forever defy competition with the native American."

He was quite as little pleased with the climate of the country. His impression is thus expressed: "If ever America should have a Thomsom (thus far she has not produced even a tolerable poet), I can not imagine which season of the year he would find it worth while to celebrate." Thus on the 20th of August, after a long series of hot days, he saw the thermometer suddenly fall to 63° and rise on the 24th to 93°; and he adds, "It is incredible what disagreeable physical sensations are produced by these sudden contrasts, not to mention the prevalent diseases." "This winter" (1781), writes Dr. Schoepff, "is precisely the reverse of the last. It almost seems to me as though Heaven wished to give us during our stay a sample of all the marvelous peculiarities of the climate, and then perhaps to send us home in peace. The summer of 1779 was unusually moist and unhealthy; it was followed by an exceptionally cold winter, and this succeeded by a burning-hot summer. The present winter has been so mild that I have not seen the thermometer below the freezing-point of Fahrenheit more than three times; it has commonly stood between 40° and 60°. We have had but few fires, and have often dined with open windows and doors. The grass has remained quite green, and in many spots has even been growing. Instead of snow, of which we had a sample as early as November 1st, we subsequently had rain. We had a Carolina winter. Last night with a north-east wind we had a fall of snow, but it will not lie long. The coming summer will probably be unusually cold, in order to complete the list of paradoxes."

Those who believe that our climate is undergoing a permanent change will see from this that it was subject to the same extremes a century ago that we experience in our times. Dr. Schoepff was so horrified by the climate that he was impatient to get back to "fatherland," and he could even praise the sharp north-west winds, because they hastened the voyage of Europeans homeward. And yet, one would think, he might have been content to stay from home with his regiment a great while even amid such winters, since it is told of his master, the margrave, that he was in the habit of "belaboring his subjects, high and low, noble and civilian, with a cane in broad daylight." And so it is related of Charles Frederick William, margrave of Ansbach, that as he was one day walking with his mistress she expressed the wish to see a chimney-sweep, who had just appeared upon the top of a house, fall to the ground; whereupon his highness, to gratify her, shot the man dead. "To the widow, who came to crave his mercy," the historian adds, "he made a gift of five florins."

"It is wonderful," remarks Dr. Schoepff, "that during this whole war (1775–83) no contagious fevers have spread among the troops." They were seen in the crowded hospitals, but never prevailed outside. How "insignificant the *rolê* played by unripe fruit" in the production of dysentery was shown, as he remarks, by the fact that "the young girls and children of this country, whose chief delicacies are unripe and sour apples, especially when baked and served with milk," enjoy fine health.

Dr. Schoepff relates a marvelous success with inoculation in small-pox. "There are," he says, "very few instances—I might almost say none—of any ill effect from inoculation. I have heard trustworthy people assert that they have not lost one out of three thousand or four thousand individuals whom they have inoculated. I was an eye-witness of the following event: More than three hundred prisoners who took the small-pox last winter were confined in a sugar-house without other beds than woolen blankets upon the hard floor, without other diet than the above-mentioned rations, without treatment other than a few cathartics; yet all recovered in the most favorable manner. If there were no other advantages attending inoculation, the relief from the habitual dread of catching the disease would be reason enough for continuing its practice."

We are under many obligations to Dr. Chadwick for bringing this brochure to light and presenting it to the profession in so neat and tasteful a dress. We have read it with great pleasure. Its interest is much increased by the introduction and the notes added by the translator.

Clinic of the Month.

TREATMENT OF CHRONIC ULCERS.—In a valuable article on this subject contributed by Dr. B. A. Watson to the New York Medical Journal he says:

"I am now satisfied, after having practiced skin-grafting in hospitals more than four years, during which period I have had the opportunity of witnessing the application of this method to the healing of a large number of chronic ulcers, and comparing it with the other methods now in use for the accomplishment of the same object, that the following are some of the advantages which may be safely claimed for it: It enables us to heal chronic ulcers which otherwise would go with the patient to his grave; to heal others which have resulted from extensive burns and complete destruction of the integument over a large surface of the body with a rapidity formerly unknown; and also that it produces a more healthy cicatrix, and prevents to a very great extent the deformities which otherwise would exist. The fact that the application of a few skin-grafts to an ulcer usually produces an improved condition, a vitalizing effect, I think will be readily admitted by those who have watched the operation; but the larger the number applied the better the results obtained. The ulcer is, I believe, temporarily improved, even though the grafts fail to become adherent, but the most marked improvement is seen in cases where a large number of points of cicatrization have formed.

"The unhealthy ulcer is frequently transformed into the healthy with surprising rapidity. The rapidity of the reparative process is apparently due in the first instance to the vitalizing effects of the grafts upon the granulations, whereby they are enabled to reproduce themselves with a rapidity very rarely seen, except as a sequel of this method; and secondly, to the formation of a large number of new points of cicatrization, which rapidly increase in size, while cicatrization at the periphery of the ulcer is also very much hastened. The use of small portions of healthy integument is far preferable to the epidermic scales or lymph. The results are much more uniform and certain. I prefer small portions of integument to large ones, and believe that our greater success with the former is due largely to the fact that these are more readily kept in actual contact with the surface of the ulcer than the latter. The larger portions of integument are liable to be raised from the surface of the ulcer by the formation of pus beneath them. My experience justifies the conclusion that *perfect cleanliness* of the ulcer is more important than any thing else. Every particle of dead tissue *must be removed.* Should the smallest particle intervene between the graft and the surface of the ulcer, failure instead of success may be confidently anticipated. This one condition being constantly kept in mind and fully attained, the surgeon may then apply grafts to chronic ulcers, whether of constitutional or local origin, with the assurance that at least seventy-five per cent of all those applied will become adherent and form new points of cicatrization. I am accustomed to secure the required cleanliness by the use of the caustics, emollient poultices, and wet compresses. It often requires eight or ten days to prepare the ulcer for the reception of the grafts, and during the preparation I prefer to have my patient kept in bed for reasons previously mentioned. Although a very careful preparation is absolutely essential to success, nevertheless the proper application of the grafts is of equal importance. I am in the habit of applying the grafts in rows. The object sought in this method of application is the retention of the grafts in their place with the use of as little plaster as possible. I conceive this point to be very essential. When a large amount of plaster is used the ulcer is to a great extent covered with it, and beneath this plaster accumulate the discharges; the plaster is very frequently raised from the grafts, and the grafts may be moved from the point on which they were originally applied. The direction of the line will depend necessarily on the shape of the ulcer, since the plaster is used to protect the grafts and retain them where they were originally applied. Having placed one row of grafts on the surface of the ulcer at regular intervals of half an inch, I now proceed to cover this with a strip of isinglass plaster somewhat wider than the grafts. The other grafts are now put on in the same manner till the ulcer has been sufficiently grafted, after which I place a wet compress of sheet-lint over it, and then apply with moderate firmness a roller-bandage, and require it to be wet with water about every four hours. This dressing remains undisturbed for a period of forty-eight hours, when I remove the bandage and compress with much care lest I might displace the grafts, but the plaster is not disturbed. The transparent character of the plaster used enables me to see the changes which have taken place beneath it. The ulcer should now be carefully cleansed with water and a similar dressing re-applied. Whether the ulcer ought to be dressed daily or every second day will depend on its condition, but the plaster should remain undisturbed for a period of six or eight days."

Bromide of Lithium.—The *Revue de Therapeutique* gives the following as the results of Dr. Roubaud's tests of this drug: 1. Bromide of lithium is a drug which has a twofold action; 2. It possesses in a high degree the lithontriptic qualities which are universally recognized in the salts of lithia; 3. It affects reflex sensibility in a more energetic manner than the other bromides, without the unpleasant effects on the heart which the bromide of potassium has; 4. Consequently it takes its place in the first rank of antilithic and sedative drugs, and its action is especially valuable in cases of the uric-acid diathesis, which are accompanied by painful phenomena, and in the neuroses which are so often associated with the presence of uric acid.

THE MEDICAL USES OF THE PAPAW.—The papaw, *carica papaya*, as found in tropical and subtropical America, is recommended in the London Medical Record, by Dr. Evers, for various medical purposes. He says, "I have employed the milky juice of the unripe fruit in the treatment of splenic and hepatic enlargements, and with good results. I have treated sixty patients with this drug, and in thirty-nine instances a cure was effected; in eighteen cases the results were not reported; and in three cases (of enormously enlarged spleens) relief was afforded. The mode of administration is this: about a tea-spoonful of the juice is collected and mixed thoroughly with an equal quantity of sugar; this mass is divided into three boluses, one to be taken morning, noon, and evening. For children, a single drop of the juice mixed with sugar is sufficient. The pulp of the unripe fruit (the rind being removed), 'mashed' up with hot water, might be applied as a poultice over the enlarged gland. On this external application, however, I do not place much reliance. No ill effects result from the internal application of the drug. Some of the patients treated complained of a feeling of heat in the stomach, nothing more. When symptoms of gastric or intestinal irritation occur I have found it necessary to combine opium or hyoscyamus with the juice. The drug appears to me to act as a tonic and deobstruent. My plan for ascertaining that there has been an actual diminution in the size of the enlarged gland was to mark off with the nitrate of silver the limits of the affected organ when the patient applied for treatment, and after about a fortnight or month percuss and mark off again in the same way. In very bad cases I have seen a decrease of half an inch to an inch in perpendicular dullness. Patients have told me again and again that they felt considerably lighter in the side, and that their digestion was now good. I believe that the drug is most active in cases where the stage of ague-cake—*i. e.*, the genuine amyloid spleen—has not yet been attained; in fact, when the deposit in the gland is still albuminoid. It acts much more rapidly than the hydrochlorate of ammonia, the bromide of potassium, or the external application of the biniodide-of-mercury ointment. From twenty to twenty-five days is the longest time that a patient is generally kept under treatment. A nutritious and liberal diet is also an essential adjunct in these cases."

ON OXALURIA.—Dr. Saundby thus summarizes a paper on this subject in the Edinburgh Medical Journal: 1. In the causation and treatment of oxaluria by diet the quantity is more important than the chemical constitution of the food; 1. The mental disturbance which sometimes accompanies oxaluria does not depend upon that condition, but both are due to general causes in the constitution and surroundings of the patient; 3. Excessive oxaluria marks a further stage in that form of dyspepsia usually characterized by lithuria; 4. There is no specific treatment for oxaluria.

MUSTARD FOOT-BATH IN URTICARIA.—A writer in the *Tribune Médicale* recommends the use of the mustard foot-bath in cases of urticaria. In his own case, after trying innumerable remedies, he was about to abandon all hopes of relief, when, one day, while suffering from a peculiarly aggravated attack of his old enemy, complicated by an excruciating headache, and hoping to relieve the latter, he plunged his feet into a mustard bath. The relief was instantaneous, and it seemed as though the skin-disease had disappeared by a wave of the hand. Five other cases were subsequently treated by the writer with similar relief. The treatment is of course understood to be only palliative, and has no influence in preventing recurrence of the disorder. (Philadelphia Medical Times.)

AMBLYOPIA POTATORUM. — Dr. Charles Bull, ophthalmic surgeon to the Charity Hospital, New York, writes in the American Journal of Medical Sciences that he has obtained very excellent results in this increasing affection from the internal administration of bromide of potassium, and now esteems this drug as a very important adjuvant in such cases. Dr. B. states that Quaglino has convinced himself that its action is more prompt and decisive than other remedies employed for this purpose, provided the dose is steadily increased and carried up to toleration. Quaglino commenced with fifteen or thirty grains daily, dissolved in from four to six ounces of water, and divided into three doses; and this dose was increased by fifteen grains daily until the patient complained of fatigue in the legs, excessive somnolence, some difficulty in speaking, and weakness of memory. These symptoms, Dr. B. found, usually occur when the dose has been increased to three drachms daily, though they may not appear till four or even five drachms have been administered. Quaglino states that after his patients had taken two or two and a half drachms of the drug what he calls the "nervous irritation" of the retina diminished, and the vision became clearer; and this was particularly so for objects situated at some distance. He found that even in inveterate cases which had lasted some time the malady was usually arrested, though there was not generally any increase in the acuity of vision.

"My experience," Dr. B. writes, "in these cases has been very nearly the same as that of Quaglino. I have usually commenced with moderate doses, say ten grains three times daily, and have increased each dose by five grains till the patient began to show some of the toxic effects. When this point is reached it is better to omit the drug entirely for a few days, and then recommence with a somewhat smaller dose than the highest one reached, and gradually diminish the daily amount until we can discontinue the use of the remedy altogether.

"I have not yet employed this method of treatment in all classes of cases of amblyopia *ex abusu*, but have confined it to those in which the ophthalmoscope shows no sign of any change in the optic nerve other than a slight amount of congestion. But the more cases of alcoholic amblyopia I see the less reliable does the vaunted strychnia appear, and in this article I take the opportunity of modifying a second time my statements in regard to the use of strychnia in affections of the optic nerve. I believe that in cases where an atrophic degeneration exists in the nerve-structure, from whatever cause this may proceed, strychnia is by no means so sure a remedy as has been supposed, and that we should come to look upon it certainly as a remedy to be employed, but by no means one always to be relied on. I do not think it possible to classify these cases of amblyopia *ex abusu* in such a manner as to be able to say exactly in what cases any particular form of treatment is indicated; nor do I wish to be understood as making the same vaunt for bromide of potassium as a remedy in these cases as has been made for strychnia. They are both indispensable, and should always be employed."

USES OF CHLORAL AS A PRESERVATIVE.—Dr. W. W. Keen communicates an interesting paper to the American Journal of Medical Sciences in which he details his experience in the use of chloral as a disinfectant, preservative, etc. He says he knows of no agent which will preserve *fluid* and semi-fluid specimens to any thing like the same extent as chloral. The expense is also much less.

"A gallon of a solution of chloral gr. xv ad fl.℥j will cost sixty-six cents, and if the damaged chloral be used (and Dr.

Longstreth has used nothing else) the cost is but thirty-three cents. The jars also need not be hermetically sealed; hence ordinary jars closed by a stopper, a cork, or even covered only with rubber cloth, or some such means, will answer perfectly well, and the labor and cost of sealing be avoided. Any evaporation of the water only makes the solution stronger. The specimens are thus perfectly accessible at all times. Often when examining a special point much could be settled by the handling of a specimen.

"*Preservation of pus, urine, and other fluids.*—For purposes of study for some days, or for preservation indefinitely so that these fluids may be used at any moment, chloral offers great advantages. It should be added in crystals and not in solution. I generally add a pinch or two to a four-ounce bottle without being very exact as to measurement. I judge it to be about gr. x ad fl.℥j. The advantages especially in the urine are very great. It is not always convenient to examine a specimen at the moment of its reception. In summer the specimens will spoil very quickly; but if chloral be added to it, weeks and months may elapse before any change occurs.

"In many cases after operations, in paraplegia, incontinence, etc., the urine has to be collected in a cup or other vessel, and in spite of every possible care, even in private practice, the vessel soon smells, and the urinary odor, especially in summer, is often very offensive as well as deleterious to the health. In several cases I have tried the plan of putting a few grains of chloral into the vessel whenever emptied and replaced. From that moment the room and even the bed, bedding, and vessel were absolutely freed from all odor whatsoever. It would prove also, I think, a very valuable agent for injection into the bladder in cases of retention or inflammation, etc., in which there is any decomposition of the urine.

"I have tried it as a disinfectant in cases of offensive ulcers, abscesses, cancer of the womb, caries, ozena, etc., and I like it better than any other I have tried. It has the advantage over carbolic acid of having very little smell, and over the permanganate that it does not stain the bedding, clothing, etc. As a dressing to ulcers it acts as a stimulant to the granulations, destroys fetor, diminishes the discharge and makes it healthy, and so will often change an unhealthy into a healthy sore. For both these purposes I use it generally about gr. v–xv ad fl.℥ j.

"In erysipelas I have tried it twice as a dressing, and it succeeded well. As an injection into sinuses in strumous abscess, in caries, and other similar cases, the Drs. Dickson write of it in high terms, and I can confirm their observations from my own experience after numerous trials. They also have tried it as an ointment (ʒss ad fl.℥ j) with success, and as an injection in gonorrhea (gr. xx ad fl.℥ j) when the discharge has generally ceased after three days or thereabouts."

TREATMENT OF DIARRHEA.—Dr. Hartzen writes (Virchow's Archives) that whatever be the remote cause of diarrhea the immediate cause lies in increased irritability of the intestine. We should then be careful not to increase this irritability. Instead of at once partaking ourselves to metallic preparations, such as zinc and bismuth, salts, and other astringents, we should exhaust all remedies first of all which work by soothing. Warm fomentations on the abdomen are hardly to be too warmly lauded. Among drugs, first of all opium must be named, and it is to be noted that it disturbs the digestion when given in large doses, and then increases the diarrhea. If the diarrhea be very excessive, so that the opium is carried off without being absorbed, morphine injections are indicated. Enemata have always this defect, that they irritate the large intestine, firstly by the instrument and next by the volume of the fluid injected. They ought therefore only to be used in cases of necessity. Ipecacuanha is of service in cases where opium does not succeed. If both of these fail, bismuth may be tried, although it works as an irritant in the long run. Tonics and astringents are indicated only in atonic diarrhea. Where even the slightest irritation exists—as in cancer, tuberculosis, etc.—they are absolutely contra-indicated. The idea of making a crust form over ulcers in the bowels by means of astringents he holds to be a false hypothesis. If the astringents were able to form such crust, the healthy part of the bowel would be made as useless as the diseased parts. Besides, such a crust would very soon be removed as well by the contents of the bowel as by the greater suppuration from the ulcer. The astringents would only have the result of causing an injurious irritation of the ulcers.

A Vehicle for Chloroform.—Prof. Jaillard says that in order to prevent the irritating action of chloroform on the mucous membrane of the mouth it is only necessary to administer it in milk, which, if wished, can be sweetened.

Heart Diseases.—Dr. Fothergill, from whose lectures we have quoted so liberally, thus writes in the Lancet concerning the treatment of primary diseases of the heart:

"1. It is of the utmost importance in the treatment of primary disease of the heart to reduce to a minimum the calls upon that organ. Consequently light labor alone must be attempted; and rest in bed is often very desirable at the commencement of a course of treatment, as well as at intervals afterward.

"2. Frequently much relief can be afforded when dropsy is present by unloading the distended venous system. Brisk catharsis gives great relief and does not depress the patient.

"3. In all cases the heart must be acted upon directly by agents which increase the vigor of the ventricular contractions, of which digitalis is the chief. This agent may be given uninterruptedly for years without any so-called cumulative action, if the cases are properly selected. If given in improper cases, unpleasant consequences may follow its administration.

"4. It is also very desirable that the nutrition of the heart be maintained by good food and iron in addition to the means mentioned above. Improvement in the general condition facilitates the action of the special remedies."

Gonorrhea Injection.—Dr. Haberkorn, of Berlin, recommends the following, in tea-spoonful injections, thrown into the urethra two or three times daily:

℞.	Quinæ sulphatis, ...	gr. vj;	
	Glycerinæ, ...	ʒ ij;	
	Aquæ, ...	ʒvi;	
	Acidi sulphurici diluti, . .	gutt. v.	M.

Itch Ointment.—The following is very warmly recommended by Dr. W. F. Clemens:

℞.	Acidi arsenici, ...	gr. ij;	
	Potassæ carbonatis, . . .	gr. x;	
	Solut. alcohol, saponis, . .	ʒ j;	
	Aquæ, ...	℥ j.	M.

It is to be rubbed twice daily on the affected parts, and cure follows in a few days afterward. *(Allgemeine Medizinische Centralzeitung.)*

Fistula.—M. Daniel Mollière, surgeon of the Hotel-Dieu de Lyon, thus sums up the elastic ligature in the treatment of fistula: 1. There is little or no pain in connection with the operation. 2. There is no hemorrhage. 3. Recovery is rapid. 4. The patient is not confined to bed, but may go out at once if he like. 5. The most delicate person may be operated upon. 6. Anæsthetics are not required. 7. There is very little suppuration. 8. And lastly, even when the operation has been bugun with the bistoury, it may be bound up with the elastic ligature. Once the ligature is in place, the two ends, first passed through a little ring of lead, are put on the stretch. At the maximum of tension the ring is crushed with a stout pair of pincers in such wise that the fistula is included, strangulated in fact, within an elastic noose, and the tension maintained until the ligature cuts through the parts and is discharged.

ON THE TREATMENT OF A COMMON COLD.—Dr. J. Milner Fothergill writes to the Practitioner that there are few ailments more commonly put before us for treatment than an ordinary cold. Of course they are most frequent in winter, but nevertheless they occur at all seasons, even in the burning days of July. Whenever and wherever they are met they are the consequences of a chill, either to the general surface or to a portion of it. Ordinarily the body temperature is maintained by the equilibrium existing betwixt the internal heat-producing area and the external heat-losing area—the surface—according to Rosenthal. When excessive heat-loss is not met by increased heat-production, a chill or lowering of the body temperature is the consequence; or if heat-production has been great—as in a ball-room, for instance—the cutaneous vessels are dilated, and if the surface be suddenly exposed to cold, these dilated vessels are apt to be paralyzed instead of incited to contract, and then heat is rapidly lost from the mass of warm blood in the cutaneous vessels. The catching cold or the escape from doing so depends upon the state of the vessels of the surface and their capacity to contract or the opposite. Consequently we can see that catching cold or escaping it under apparently identical circumstances depends upon a condition far removed from either vision or sensation. That the *modus operandi* of catching cold under these circumstances has afforded opportunity for difference of opinion can be no matter for surprise. Rosenthal, however, has scientifically investigated the matter and unraveled the mystery. Where heat-loss is met by heat-production at the time no unpleasant consequences result; but when the heat-regulating processes are delayed the loss of heat and fall of temperature at the time are followed by an excessive heat-production, constituting a pyretic condition. This in its simplest form is recognized as a cold. Usually it is accompanied by some disturbance of the respiratory tract, either in the turbinated bones, known as nasal catarrh, as sore-throat, or as an attack of bronchitis. Of course these local inflammations may become very severe, and in bronchitis life is commonly threatened. There is at this point great vascularity of the internal heat-producing area and a dry skin, whose heat-losing power is impaired from the loss of the aid of perspiration; for Leyden found that even the insensible perspiration is lost in increasing fever.

What are the indications furnished to us for the treatment of this state of matters? Obviously to restore the balance between the two heat-producing and heat-losing areas; and in order to do so we resort to such measures as shall increase the amount of blood in the outer area and so diminish the amount in the internal area; that is, to increase heat-loss and lessen heat-production.

The measures ordinarily resorted to for such ends are hot fluids, a warm bed, and often a dose of opium in some form. The result of such combination is the induction of perspiration, especially if the patient lie in bed next morning and have more hot fluids; for perspiration is most successfully induced from seven to nine o'clock in the morning. If the cold be caught at once by such measures, the impending pyrexia may be averted and the temperature equilibrium be maintained. More commonly, however, the case is more advanced when seen, and the pyrexia is clearly established. Under these circumstances the treatment will need to be more prolonged, and the restoration of the heat-balance will not be so readily attained. The condition of increased vascularity of the heat-producing area with arrested action of the skin is to be met by the administration of agents which possess the combined properties of lowering the heart's action and relaxing the vessels of the skin; or, in other words, which relax the two muscular ends of the circulation, the central and the peripheral. The impression so made produces a diminution in the blood-current and a dilatation of the vessels of the heat-losing area. As a consequence of this there is less blood in the internal area and less heat-production, with cutaneous vascularity and increased heat-loss. Rarely, however, is any impression made upon the pyrexia until the action of the skin is excited and the cooling effects of exhalation attained. The administration of nauseant diaphoretics to attain these ends has been the rule amid practitioners and housewives. The time-honored antimonial wine has scarcely yet yielded to its rival, ipecacuan, nor perhaps is it desirable that it should. Their combination is good and to be recommended. In adults iodide of potassium in guaiac mixture forms an excellent combination, especially when the cold is combined with rheumatic pains or tonsillitis. These internal remedies may be aided in their action by external measures, such as warm baths. With children it is easy to wrap them up in a blanket wrung out of hot water, to inclose them so wrapped in a dry blanket, and to put them into bed. This may be repeated as required, and sufficiently aids the remedies given by the mouth. Measures for giving adults a warm bath in bed are now to be procured at little cost. After perspiration is once induced there is usually a gradual fall of temperature, but the normal may not be reached for some days. There is a decided tendency to excessive heat-loss after the action of the skin has been established, even though the temperature indoors be above the normal. Experience has taught humanity to wrap up well when passing through a cold, especially when it is breaking. Ere the action of the skin is re-established the impression of external cold is grateful, but afterward chills are readily experienced. The increase of blood in the heat-losing area permits of rapid heat-loss. When a cold is caught during the restorative period it is usually a fixed one, and not rarely serious illness is the consequence.

When the action of the skin is re-established it not uncommonly happens that perspiration is profuse, even while the patients wrap up well to shield themselves from heat-loss. This is a troublesome stage in the history of a cold. Here mineral acids with vegetable tonics are indicated, and perhaps best of all dilute phosphoric acid in cascarilla or cinchona. In the treatment of influenza, vegetable acids along with a bitter tonic often produce a decidedly good effect. In addition to the general effect of the tonic the arrest of the excessive activity of the sudoriparous glands is desirable. This stage is sometimes a prolonged one, and the maintenance of a pyretic condition by the rapid loss of heat and then increased heat-production is not an uncommon event. If this condition be pronounced, the best line of treatment is that of quinine with an astringent mineral acid. Quinine is well known to possess an apyretic action, probably to some extent by its effects upon the nerve-centers, and more, according to the observations of Binz, upon its checking the ozonizing action of the blood. The effect of the astringent mineral acid upon the skin is to check secretion, and by these combined measures a satisfactory restoration to the ordinary state of health is induced.

In the treatment of the bronchial affections which so commonly accompany an ordinary cold it is not a matter of indifference what expectant remedy is selected. As long as the skin is dry and the bronchial lining membrane tumid and secretion arrested, ipecacuan with acetate of ammonia is indicated, or a little antimony may be added with advantage. When the skin is once thrown into action and the bronchial secretion also established, then acid with syrup of squills are suitable measures; but it is not a successful plan to administer squill with acids until the skin is moist. When there is a tendency to the free action of the skin this latter combination in full doses is a useful plan of treatment. Neither is the union of carbonate of ammonia and senega in severe cases indicated until the secretion alike of the skin and the bronchial lining membrane is thoroughly established.

REST IN TETANUS.—Dr. Renzi finds that both in animals and human beings attacked by tetanus light renders the tetanic contractions more frequent and more intense. It may likewise be experimentally demonstrated on animals that absolute rest and the absence of every cause of excitement render tetanus less violent and less fatal. Of three cases of acute tetanus in which complete rest alone was employed two were cured. The patients were placed in a perfectly dark and isolated room, every noise and excitement was avoided, and the patients were only visited at long intervals to give them drink. In the fatal case hydrate of chloral had been administered in the form of injection, and seemed to still further impede the respiration already affected by the progress of the disease. (British Medical Journal.)

CROTON CHLORAL.—The following are some of the conclusions of a paper by Dr. Weill, in *Bull. Gen. de Thérap.*, on this agent: 1. Its physiological action is different from that of chloral. 2. It is hypnotic in the same way and generally in smaller quantity than the other drug. 3. It exercises a special action on the sensory cranial nerves. 4. In moderate doses it has no effect on the pulsations of the heart and on the muscular tonicity, and it does not slow the respiration and lower the temperature as much as chloral. 5. In extreme doses it destroys life by arresting the respiration. 6. The lesions found at the autopsy of animals killed by it consist in an intense hyperæmia of the meninges, especially those of the encephalon. 7. Its therapeutical employment is indicated (*a*) in neuralgias of the trigeminus; (*b*) in other neuralgias, and to relieve pain in general; (*c*) in spasmodic affections of the nervous system; (*d*) to quiet cough in certain chronic affections of the respiratory organs; (*e*) to procure sleep. 8. The contra-indications to its employment are an inflammatory state of the digestive organs and a predisposition to cerebral congestions. 9. Its taste is more disagreeable than that of chloral, and needs to be masked by a corrective. The extract of licorice seems best for this purpose. 10. It can not be given hypodermically. 11. The dose should vary according to the age, the particular susceptibility of each person, and the effects desired. Dr. Weill says, "If we wish only to procure sleep, we can begin with from seven to fifteen grains, and in the great majority of cases this will be sufficient, at least when the pains are not such as to make large doses of a narcotic absolutely indispensable. In such cases we may administer at once thirty, forty-five, or even sixty grains. In the neuralgias or other nervous affections the practice of the English physicians is especially applicable; one, one and a half, or three grains repeated every quarter of an hour, every half hour, or every hour until relief is obtained; and we are often astonished at the rapidity with which it comes."

STERILITY.—Among the causes of human sterility Dr. Marion Sims mentions the projection of the neck of the uterus into the vagina. If the neck, says he, projects half an inch, sterility is probable; if one inch, it is almost certain; if one inch and a half, it is inevitable. Now Dr. Berruti Giuseppe, of the University of Turin, maintains that in two women out of three the neck of the uterus projects naturally half an inch *(il collo dell' utero proemina in vagina per un mezzo pollice).* The subject is one of much moment, and the disparity of opinion, considering the importance of the interests at stake, merits the most careful consideration. *(L' Independente del Torino.)*

Method of Operating in Anul Fistula.—M. Jules Felix, of Brussels, employs a ligature of stout English silk, one end of which is passed through the fistula and back through the anal opening. The ligature is then moved backward and forward with a see-saw motion, cutting its way rapidly through the intervening tissues until a complete section is made, as with the écraseur, without the loss of a drop of blood. (Medical Times.)

Dressing for Ulcers.—℞. Olei cadini, ℥ss ad ℥i; pulv. calci sulphat, ℥vj. M. To be thinly spread on dressings for ulcers, and renewed three, four, five, or six times daily, taking care to cleanse the ulcers after the dressing has been removed. Of especial value in the treatment of profuse and fetid suppuration. *(Ibid.)*

Treatment of Lead-colic by Chloroform.—Chloroform has lately been used in lead-colic, both externally and internally (by inhalation), with advantage. Dr. Barduzzi has employed the following formula with success in one case which had resisted other forms of treatment:

℞. Chloroformi, ... ʒi;
Syr. acaciæ, ... ℥ii ʒvij;
Aq. destillat., ad . . . fl.℥vj. M.

This potion is administered in two parts, with a quarter of an hour interval. It was given three times in thirty-six hours, with the effect of relieving the patient greatly. Inunctions with a chloroform embrocation were at the same time employed on the abdomen. *(Ibid.)*

Syphilis.—Hr. Henry Lee, in a recent lecture, expressed his belief that the product of primary syphilis is inoculable artificially, so as to produce the same effects as when it was naturally acquired; that the results of secondary manifestations are inoculable so as to produce the same results; that the secretions from mucous membranes in syphilitic patients are very often the means of communicating the disease, and may sometimes be artificially inoculated.

As to treatment, Mr. Lee said that at whatever period of the disease we find the specific adhesive form of action, whether as a primary indurated sore or an affection of the inguinal glands, or as papular, tubercular, or scaly eruptions, he held mercury to be indicated. On the other hand, when the disease—whether primary, secondary, or tertiary—has a tendency to produce suppuration, the use of this drug requires great caution; and the same may be said where the affected parts run rapidly into ulceration, although in some of these one form of mercurial treatment is wonderfully efficacious. He pronounced mercury to be injurious where mortification takes place, whether affecting minute or larger portions of the tissues. (The Doctor.)

TEETH AND TOOTHACHE.—Mr. J. Smith Turner, Dental Surgeon to the Middlesex Hospital, has made, in the current number of the Practitioner, an exceedingly complete and useful contribution to this most important subject. He says:

"Some of the conditions inducing toothache are equally patent or equally obscure to the general practitioner and to the specialist. Ulceration of the membranes of the mouth, for example, would be at once observed, while irritation of the dental nerve in the absence of a visible cause could only be diagnosed after careful and extended observation and perhaps some unsuccessful efforts in treatment. There are, however, conditions and suffering and consequent constitutional disturbance which the general practitioner should be able to ameliorate until such time as special skill be available. A decayed tooth may give pain although the tooth-pulp be not exposed. The alkaline lotion will not give relief, and if the saliva be tested it may be found normal. The cause of the pain must therefore be sought in the tooth itself. The decayed dentine is an irritant; this ought to be removed at least partially, if not entirely. To do this without exposing or wounding the tooth-pulp is a delicate operation, and a man not in daily practice could not be expected to accomplish it completely; still enough may be done to serve the immediate purpose. A small mouth-glass and a few excavators, such as are to be had at any dental depot, are all that are required in the way of instruments. Their cutting-edges should be round or spoon-shaped. If they have any sharp angles they are much more likely to wound the tooth-pulp. The cavity should be syringed with tepid water, and that may be sufficient; but there is generally a quantity of soft dentine which should be removed, if possible. The cavity should be dried out with cotton-wool or some other absorbent, and a small pellet of wool moistened with carbolic acid and glycerine should be placed in it, and over this a piece of wool partially moistened with mastic (white hard varnish answers admirably) should be packed. The packing may be accomplished with a blunt probe, and the pressure should be light and not in the direction of the pulp-cavity. This will serve till a permanent plug can be introduced, but should not be trusted beyond two or three days, especially in cavities between the teeth.

"If the cavity be on the masticating surface of a tooth, the wool should be free from pressure on the occlusion of the antagonizing teeth. If it be an interstitial cavity, the gum beyond the margin of the cavity should be disturbed as little as possible unless it has grown into it, when the wool should be packed with the view of pushing the gum out. If the margin of the gum be left projecting into the cavity, its secretion will become abnormal, owing to the irritation caused by the wool; the cavity will be inundated with the secreted fluid, which will have no way of escape, and the discomfort of the patient thereby aggravated rather than relieved. If possible, the wool should not be allowed to depend upon support from the adjacent tooth for retaining its position, as the pressure is likely to separate the teeth, when the plug will leave the walls of the cavity, and so matters will return to their original condition. The wool used for this purpose should be deprived of its greasy character; hence the pink wool which has been cleansed before dyeing is the best for use.

"Toothache may arise from an exposed tooth-pulp, and in such a case the same course of syringing and cleaning should be pursued as already laid down, and some application used which will subdue the irritation of the pulp, applied as in the former instance, and covered over with wool and mastic. Creosote is an old and deservedly a favorite remedy for such a condition of things; but it should be pure wood creosote, as that which is made from coal-tar is very likely to act as an irritant. The following mixtures are recommended for use in place of creosote, and if complication be a merit they have that advantage:

℞.	Acidi carbolici solutionis saturatæ,	āā fl.℥j;
	Chlor. hydratis sol. sat., ...	
	Tinct. camph. co., ...	
	Ext. aconit. fluid, ...	
	Ol. menth. pip., ...	℥ss.
℞.	Chloral hydrat., ...	ʒj;
	Aquæ, ...	fl.℥ss;
	Misce et adde.	
	Tinct. aconiti (Fleming), . . .	*m.* xv;
	Chloroformi, ...	āā *m.* xx.
	Ætheris, ...	
	Spt. vin. rect., ...	
℞.	Liq. opii sedativ., ...	āā fl.℥ ij;
	Ol. caryophyll., ...	
	Camphor, ...	ʒiss.

This last I have found very useful.

"Pain may arise from inflammation of the periosteum, and may be situated in an otherwise healthy tooth which has been jarred or wrenched. Such cases are not uncommon in the game-season, from shot or bone splinters getting between the teeth during mastication; or it may come from a tooth carrying a large mass of metal-stopping having been subjected to unusual conditions, such as exposure of the side of the face next which it may be situated in riding against wind or rain. A low state of health, constipation, exhaustion after violent exercise or prolonged occupation, scrofula, rheumatism, or syphilis may all produce this inflammation. The gum surrounding the affected tooth is visibly inflamed, and the tooth is tender to the touch and becomes elongated and loose. The degrees of inflammation are various, and in its early stages may be cut short by wiping the gum dry and frequently applying tincture of iodine of double strength all over the inflamed part. A piece of cotton-wool soaked in water as hot as can be borne, and laid between the gum and the cheek, makes an excellent poultice, and if accompanied by a slight aperient is almost sure to give relief in a chronic case. The constitutional treatment required must be obvious to medical men, who have much more command over their patients in the administration of general remedies than the dentist; but I may mention that there is no medicine more likely to cut short in its early stage an acute case of periostitis connected with the teeth than five grains of pil. saponis co. Two leeches applied to the gum over the affected tooth have repute for doing good, but in some cases prove very disappointing. If there be marked swelling of the gum toward the apex of the affected tooth, lancing is the best thing that can be done, but to be effectual it must be done thoroughly. The instrument should be strong as well as sharp, and capable of cutting through the alveolar plate between the gum and the tooth. Before lancing, Mr. Tomes recommends that the gum should be painted with equal parts of tincture of iodine of double strength and Fleming's tincture of aconite.

"Teeth may become tender around the neck from recession of the gums or from an artificial case of teeth being attached to them. The exposed parts of the tooth should be cauterized with nitrate of silver; and if a metal plate have to be worn immediately, a layer of tissue-paper ought to be placed between the cauterized surface and the metal. As the nitrate of silver should be allowed to remain on the tooth a few minutes in order to prove effectual, the cheek and tongue and saliva should be kept away from it as much as possible by holding some ordinary cotton-wool round the tooth. When the wool is withdrawn a strong solution of salt should be used immediately to convert any free nitrate into an inert chloride. Unfortunately the nitrate of silver can not well be used on the necks of front teeth, where a ring of sensitive decay is often found, but it is a valuable remedy where appearance is not in question.

"The after-pain of an extraction may be modified by washing away the blood-clot and lightly plugging the alveolar cavity with wool saturated with

℞. Acidi carbolici glacialis, . . . } āā ʒj;
Liq. potassæ, ... }
Aquæ dest., ... ℥j.

"From the foregoing remarks it may be inferred that there are degrees of inflammation of the tooth-pulp and of the periosteum. As the treatment of subacute inflammation of the tooth-pulp is very limited and quite incomplete unless the tooth be properly plugged, so in cases of acute inflammation of that organ the general practitioner can only relieve the patient temporarily; that is, if the tooth is to be saved. It may be well, however, to point out that subacute inflammation may arise from injury by mechanical violence or from the masticating surface of the tooth being denuded of enamel even to a very small extent. The tooth becomes troublesome, and frequently reminds its owner of its existence when subjected to thermal changes or even the ordinary work of mastication. If on careful examination of a tooth so affected there be no signs of structural defect observed, search should be made for a decayed tooth elsewhere. When this is found a process of examination, such as tapping with an instrument or probing the decayed part or directing a stream of cold water on to it, may start all the symptoms complained of in an intensified form. In rheumatic people and people under the influence of mercury the irritable state of the teeth is often found. In acute inflammation of the tooth-pulp the history generally extends over a long period. Different substances have annoyed a tooth in which a cavity has been known to exist a long time, but which, according to the patient, has always remained the same. Sweets or bitters, heat or cold, have every now and then caused uneasiness, but when these disturbing causes have been removed the pain has ceased. But at length the periods of cessation have diminished, and the length and intensity of the attacks have increased, the pain radiates from the tooth to the other teeth and over the side of the face, and assumes a throbbing character. These attacks last several hours and then suddenly subside, but surely to return again, sometimes without the smallest apparent provocation, or if the patient lie down. This will go on for a shorter or a longer period, and with varying intensity, according to the constitutional state of the patient, till the pulp dies. The next state of the tooth is the commencement of an alveolar abscess, which, if not attended to, may involve the removal of the tooth and even of a portion of the alveolar plate, or even further mischief.

"In chronic inflammation of the tooth-pulp the pain is less regular in its advent, shorter in duration, and less severe than in acute cases. The peculiarity of most importance is the straggling neuralgic pain, which is rarely referred to a definite center. If any tooth be specified as its seat, it is not unlikely to be a sound one; but even its being decayed is not sufficient in itself to condemn it. In fact the tooth which is nearly destroyed by caries is not so likely to be the offender as one which is in a better state of preservation. The careful application of a blunt probe to the floor of the cavity will readily detect the irritated nerve, which should be treated as already described, or the tooth removed if worthless."

Esmarch's Method.—A modification of Prof. Esmarch's method, as introduced by M. Mollière, consists in placing, in addition to the general compressing of the limb by bandaging, a further bandage a few centimeters above the seat of the intended operation. In this way a space full of blood is included in such wise that when ligatures are about to be placed on the great vessels the outlets of the smaller arteries and veins are more readily detected and secondary hemorrhage averted. *(Lyon Médicale.)*

A Cause of Flat-foot.—Dr. Charles Roberts contributes to St. George's Hospital Reports an article on flat-foot, the conclusion of which should be brought to the attention of teachers of children every where. He says:

"Standing still is an altogether unnatural position for a child. All young animals, including children, *run* about, and sit or lie down if left to themselves. All standing occupations, standing in classes or in corners for punishment in schools, are injurious. The solemn parades in which children of all sizes and ages, and at paces which are natural to none of them, are made to take exercises in our better-class private schools are injurious. Long half-holiday excursions, walking with adults, and other thoughtless actions in which children are pushed beyond their strength, tend the same way. There is no position so irksome or injurious to a child as standing still. If observed closely, he will be seen to stand first on one leg and then on the other; and when the muscles are quite tired out, and he can not lean on his neighbor or on a desk or against the wall, he plants his feet on the ground a little apart to form a good base of support. The knees come together to support each other, and the ankles are turned inward; the muscles being tired or not on the alert, as in running or walking, the strain comes on the ligaments, and crooked legs and flat-foot are the consequences. To this we must add the folly of parents in the better classes of society of cramping their children's feet in small, narrow-soled, high-heeled boots, the whole surface of which is hardly equal to half the area of the natural foot. The high heels especially favor the inversion of the ankle, and should be denounced with uncompromising firmness. Children's boots ought not to be large and heavy, but they should have soles broad enough and heels low and large enough for the whole foot to rest upon; and they should have firm laced tops to keep the foot in its position. The part of the sole under the instep should be high and elastic, to allow of the proper motions and development of the foot, and to avoid the evils which we have seen arise from the solid wooden-soled clog of the factory children."

IODATE OF CALCIUM.—Dr. S. W. Moore reports *(ibid.)* several cases which will serve to illustrate the uses of this drug:

Case 1.—An indolent ulcer of the breast around the nipple, with a purulent discharge of bad odor. A powder of half a drachm of iodate of calcium to one ounce of starch-powder was dusted on the affected part. The discharge became inodorous and the wound assumed a healthy appearance, but the shooting pains in the breast were so severe that the application had to be discontinued.

Case 2.—Large rodent specific ulcers, occupying nearly the whole space between ankle and knee. They were recurrent, and had existed for four months on this occasion. The patient gave evidence of an attack of erysipelas. He was put on milk diet, with large doses of perchloride of iron.

His pulse was 140; temperature 104.2°. Both pulse and temperature remained at this high standard, and the temperature once rose to 105.2°. His leg became œdematous; the integument round the ulcers assumed a sloughy appearance; his tongue brown, dry, and cracked; the blush was spreading upward to the trunk; and with his pulse at 120 and his temperature at 103° F., Dr. M. administered, on the sixteenth day from his admission, two grains of iodate of calcium to be taken twice daily. On the day following he declared himself almost free from pain; his appetite was improved, his pulse had sunk to 116 and his temperature to 101.8°. The administration of the drug was continued as directed, the general improvement in condition progressed, and the pulse and temperature continued steadily to decrease, and in nine days they became normal.

Case 3.—Chronic abscess of the back, with copious purulent discharge and some pain. On the twenty-fifth day after admission one grain of the iodate of calcium was ordered three times daily. A marked improvement followed; the discharge lessened in quantity, and became sanious rather than purulent.

Case 4.—A large indolent ulcer on back of right calf of seven years' standing. The muscles were exposed, and their action could be plainly seen on moving the foot. A fly-blister was applied to the ulcer, and subsequently charcoal poultices. Ordered the iodate as an application with the poultices instead of charcoal. The fetor was overcome to a considerable extent, but not so completely as with charcoal; but it gave rise, as in a previous case, to considerable pain, and had therefore to be discontinued. Now given internally, in two-grain doses, three times a day. A marked improvement followed the administration; the discharge lessened in quantity and lost its offensive odor, the granulation assumed a healthy appearance, and the ulcer gradually healed.

Case 5.—Disease of the tarsal bones. Erysipelas was developed in the limb. This malady progressed so rapidly and so affected the patient that his life was despaired of. His pulse rose to 140 and his temperature to 104.8°; the limb was swollen to twice its natural size, was œdematous, and the skin inclined to slough at certain parts; his inguinal glands were affected and the course of the lymphatics inflamed. He became delirious, and remained unconscious for five days. Ordered four grains of the iodate three times daily. He immediately improved, became conscious, said the medicine revived him; his pulse and temperature sank, the œdema subsided, appetite improved, and a general indication of returning vigor presented itself. So marvelous was the change effected by this drug that it has certainly never been equaled by any other medicament.

These cases, though few, establish that the iodate of calcium, though an efficient local application, produces too much pain for the comfort of the patient; but that in cases in which it has been administered internally it has invariably improved the tone of the system to such a degree that the pulse and temperature have uniformly fallen to the normal standard.

Notes and Queries.

A Case of Caries of the Right Parietal Bone.—Dr. George N. Monette, physician to St. Anna's Asylum, New Orleans, sends the following note: "Mr. D. W. S., aged forty-five years, had when quite young contracted syphilis, which in three months was followed by secondary eruption, which readily yielded to treatment. During a period of ten years the disease was dormant, when he received a severely sharp blow upon the center of the right parietal bone, which gave rise to a subacute inflammation, eventuating in a chronic tumor, with suppuration and exfoliation of the external table of the parietal bone, accompanied by a lancinating neuralgia, which was relieved by scruple doses of chloral internally and one-third-grain doses of morph. sulph. subcutaneously. The tumor resembled in its contour the fibro-cystic, the base presenting a dense fibrous structure, almost as if ossified, with a soft, fluctuating sensation at its apex. I gave half-grain doses of calomel every night and scruple doses of iodide of potash thrice daily, and applied tinct. of iodine topically twice daily. When the cyst was opened pus escaped, also small fragments of exfoliated bone. The probe revealed the denuded surface of the parietal bone. The tumor collapsed and contracted down firmly upon the cranium. I dressed it with carbolic oil, about an ounce to a pint, until cicatrization took place. The patient recovered without perforation of the cranium or any nervous lesion."

Maggots in the Ear.—Dr. W. B. Jefferson, of Elkton, Ky., relates the following: "In June last a gentleman consulted me late one evening about a peculiar sensation and pain in the left ear, which he said he had experienced for thirty-six hours, and was rapidly growing worse. He stated that four days before a fly or bug, he could not tell which, flew into his ear, but he 'scared' it out almost instantly, and thought no more about it until he began to experience the sensations above described. On inspection of the ear I found a perfect nest of maggots, from one fourth to one third of an inch long, and numbering, I suppose, as many as forty or fifty. A little bloody matter was escaping from the ear, and had been during the day. I immediately poured into the ear some spts. of camphor, which caused the maggots to tumble out in a hurry. The patient had no more trouble."

WEATHER AND DISEASE IN LOUISVILLE.—Through our friend, Dr. Ely McClellan, we have received from Captain Marsh, of the United States Signal Service, the following notes of the weather in Louisville during the months of June and July: In June the rainfall was 5.79 inches; the mean temperature was 75.19°. In July the total rainfall was 16.46 inches; the mean temperature was 79.12°. On the 22d the fall was 2.30 inches, and on the 29th it was 3.42 inches.

August has been dry, but up to this time the city has remained healthy, notwithstanding the unprecedented rains of the previous months.

KEEPING WRITTEN NOTES OF CASES.—We find the following in the autobiography of Sir Benjamin Brodie: "During the summer of 1804 a friend of mine of the name of Jeffreys was house-surgeon of the hospital, and my intimacy with him enabled me to pursue my studies there with great advantage. He had more knowledge of his profession than most young men of his standing. In the early part of the day I was always with him in the wards, and in the evening we were generally together. It was from him that I first learned the importance of keeping written notes of cases, a practice which I continued ever afterward. These notes I have carefully preserved. They now form many thick quarto volumes of manuscripts, to which (and even to the earliest of them) I not unfrequently refer with advantage even at this advanced period of my professional life. My custom has been to take *short notes at the bedside of the patients in the day, and to expand them with the aid of my memory in the evening.* Thus they became an exercise of the memory, *and instead of weakening tended to strengthen that important faculty.* After an experience of nearly fifty years I am satisfied that no one can be well acquainted with his profession, either as a physician or a surgeon, who has not studied it in that manner. . . . I have always, during the many years in which I was a teacher and a hospital surgeon, endeavored to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and *I have been often pained to observe how small a proportion have followed the advice which I gave them.*"

The experience of Sir Benjamin as expressed in the concluding sentence of the above extract is, we believe, also that of most teachers of medicine in this country.

ORTHODOXY VERSUS HETERODOXY.—The following communication to the New York Medical Record from Prof. E. S. Dunster. M. D., explains itself:

"UNIVERSITY OF MICHIGAN, ANN ARBOR, July 15, 1875.
"*Editor Medical Record:*

"DEAR SIR,—You are in error in your brief editorial in Record of Saturday last, and have done the regents of this university an injustice by asserting that an attempt is being made on their part 'to appoint one or two homeopathic professors ostensibly to take charge of the new department, but in reality to become by law members of the faculty.' If you will refer to the bill establishing the college of homeopathy, published in full a few weeks since in your own columns, you will see that this assertion is not true.

The homeopathic professors are not, and by the very terms of the act can not be, members of the faculty of the now-existing department of medicine; nor, on the other hand, are the professors in this (the old) school members of the faculty of the homeopathic college, for both schools have separate statutory enactments creating them distinct and independent departments of the university.

"Your article is furthermore *doubly* unjust to the regents, from the fact that they have twice peremptorily refused to obey the legislature when it attempted to force such 'disagreeable and unprofitable associations' by enacting the appointment of homeopathic professors in the old department of medicine. This offensive featur having been removed in the last act, the regents have accepted the legislative grant and have established the new college.

"Very respectfully,

"E. S. DUNSTER, M. D."

WHY ARE SOME DOCTORS FAILURES?—Dr. Clarke, in his "Recollections," states that Wardrop, surgeon to George IV., though one of the most gifted men of his time, failed to attain the highest post in the profession for the following reason, among others: "He was vain, self-opinionated, and scurrilous. He was fond of scandal, and condescended to collect and retail the pettiest scraps of gossip. He seemed to know the private history of every member of the profession who had attained to any position."

DETERMINATION OF SEX IN UTERO.—We have been informed on good authority that the sex of five children in this city was lately determined before birth, according to the frequency of pulsations of the fetal heart, which are said to be more frequent in females. The children were all pronounced girls, but they all turned out to be boys. There must be something in the rule. (Pacific Medical Journal.)

THE AMERICAN PRACTITIONER.

OCTOBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

NOTES OF PRACTICE AT THE INDIANA REFORMATORY FOR WOMEN AND GIRLS.

BY THEOPHILUS PARVIN, M. D.

The Indiana Reformatory for Women and Girls, located at Indianapolis, was opened in October, 1873. It embraces a penal department, in which women convicted of crime are imprisoned, and a reform department, in which girls under sixteen years of age, whose misconduct has been such that their parents may request their admission, others found in houses of prostitution or engaged in minor vice or homeless and friendless, are received. All the inmates receive religious instruction, and those in the reform department secular as well. All are taught too some useful labor; just now glove-making is quite largely and successfully carried on.

The building is large and well ventilated; the food of the inmates is simple but substantial, milk once a day constituting a part; and during the nearly two years that I have been physician to the institution there has been no serious epidemic, but few cases of dangerous illness, and only one death.

The Reformatory is under the direct government of females: a lady superintendent, Mrs. S. J. Smith, a matron, and several teachers; and indeed so admirably is it conducted that no one could study its working without being converted to a gynecocracy, at least for females.

So much in explanation of the field where these *notes* have been taken seemed advisable at first. Believing that those who are honored with appointments to public institutions—thus having peculiar facilities for observing the action of remedies, for following the history of cases, and meeting sometimes with extraordinary cases—are under special obligations to their professional brethren, this contribution is made, even though its value may not be great, hoping in the near future to present an elaborate paper devoted to the clinical study of menstruation and its disorders.

Without further preliminaries there will be now given the results of some remedies and brief reports of a few individual cases.

SULPHATE OF CINCHONIDIA IN INTERMITTENT FEVER.

Nearly two months ago I commenced the use of sulphate of cinchonidia. It was administered in a solution* made by adding to one ounce of the salt two fluid ounces of aromatic sulphuric acid and fourteen fluid ounces of water. A teaspoonful or one fluid drachm of this solution would therefore represent three grains and three quarters of the sulphate.

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*Since writing the above, some three weeks ago, many new cases of "intermittent" have occurred at the Reformatory, and they have been characterized by greater gastric disturbance and greater obstinacy to the action of remedies. For the former reason I have replaced the solution mentioned by pills of the sulphate of cinchonidia, tartaric acid, and water (this is an admirable way of making pills); and for the latter I have given the sulphate in larger doses; in one instance forty grains within twelve hours. The general result has been still quite satisfactory. In the few instances where the remedy failed to arrest the disease it was not given in sufficient quantity or was rejected by vomiting.

The number of cases of intermittent fever treated with this preparation was twenty-four: two quotidians, one quartan, and the rest tertians. Immediately upon the manifestation of the disease two tea-spoonfuls of the solution previously mentioned were given, and continued three times—adults four times—a day for three days; then, in order to prevent a relapse, two tea-spoonfuls twice a day for one month. In no instance did it fail to promptly arrest the disease, and in no case has there been a recurrence save when there was a failure to take the remedy as directed. In a case of Wood's *pernicious fever* I did not think it right to risk the cinchonidia, but gave quinia; nor have I yet tried it in malarial neuralgia, having had such long-established confidence in the value of quinia with morphia and the English extract of belladonna in this disorder; but with these exceptions the sulphate of cinchonidia is almost the sole reliance as an antiperiodic in my practice at the Reformatory.

ERGOT IN INTESTINAL HEMORRHAGE.

Mrs. A., convict for life, now about fifty-six years of age, is subject, and has been for years, to frequent attacks of hemorrhage from the bowels, lasting from two to three weeks. There are no hemorrhoids; the rectum is healthy. The only associated phenomenon seeming to have any causal significance is great tenderness in the right hypochondrium, and only latterly can there be detected a decided enlargement of the right lobe of the liver, indicative from its hardness and form of at least the possibility of malignant disease.

It is not necessary to detail the various remedies this patient had for the hemorrhage, and which did no good. Finally ergot was given, half a tea-spoonful of the fluid extract four times a day, and the result is always satisfactory. It does not cure the disease of which the hemorrhage is a symptom, and therefore the latter recurs; but it diminishes the flow within forty-eight hours, and usually stops it within four days.

THE ELASTIC LIGATURE FOR VENEREAL WARTS.

P—, a girl about sixteen years of age, was brought from a city in the southern part of the state, where for nearly a year she had been living in prostitution. A few weeks after her arrival I made an examination, and found a most luxuriant wart-crop upon the external organs of generation. They extended from above the clitoris to the anus, and from the vulval orifice up the vagina. The growths presented every variety—filiform, cock's-comb, cauliflower. This girl had missed her "periods" three months, a fact that I did not know at that time, or the remarkable luxuriance of the vegetations would naturally have been attributed to pregnancy. The largest of the growths were removed by the elastic ligature first, then others by means of the powder of diacetate of copper and savine, and scissors used only for the smallest. Notwithstanding this limitation, when those within the vagina were attacked the hemorrhage was copious and obstinate.

Nearly six months afterward I was requested to examine this girl with reference to a possible pregnancy. I may mention in passing that her amenorrhœa persisted; but amenorrhœa during the first few months of life in the Reformatory, and especially in those suffering with venereal disease, is so common that at first it gave no ground for suspicion in this case. Without detailing the various steps in the examination, I would merely state that when the stethoscope was resorted to I felt confident of hearing the fetal heart, but after various efforts utterly failed. The attempt was abandoned for that day, with the intention of renewing it the next; but the intervening night she was delivered of a fully-developed fetus that had been dead some days.

Another fact of interest in this case was the occurrence of mammary abscess two weeks after her delivery, the first time I have ever known such an event where a woman did not nurse her child. But this girl had a severe eczema of each breast, and the one in which the abscess occurred was the worse in this regard. Now it is probable, if we follow the teaching of Velpeau (*Diseases of the Breast*, Sydenham Society), and admit a lymphatic mammary inflammation, of which eczematous eruptions are regarded as among the ordinary causes, that the milk-secretion was entirely foreign to the inflammation and suppuration in this case.

BELLADONNA IN INCONTINENCE OF URINE.

Eight cases of urinary incontinence have been treated, the subjects of ages from twelve to seventeen years. In three the incontinence was diurnal as well as nocturnal; in most of them the emission occurred but once a night, in two twice, and in one three or four times. The majority dated the disorder from early childhood; at least they could not tell when they were not subject to it. In one girl, sixteen years old, it commenced a month after entering on prostitution, which was when she was thirteen years of age.

All of these girls had belladonna, from one eighth to one third of a grain,* at bed-time; those in whom the incontinence occurred in the day-time had also a morning dose; one who was very anæmic had muriated tincture of iron. All of these patients, except one, were cured; nevertheless relapses occurred in four upon the withdrawal of the remedy. The one uncured was she who had been a prostitute, and the cold shower-bath succeeded when the belladonna failed.

LONG RETENTION OF FOREIGN BODIES BENEATH THE SCALP.

Jennie, a negress and convict, was at times peculiarly moody and irritable, sleepless, and complaining of violent pain in the head. These attacks occurred once in three or four weeks, continued a few days, and then gradually subsided. Her story was that she was shot in the head by an overseer—she had been a slave—the first year of the war, and that ever since "gatherings" took place in her head. Upon examining the scalp I found various places from which matter apparently had been discharged, seams and scars of a literal *eruption*, while in others the skin was covered and the hair matted with eczematous secretions. After getting this accumulated matter removed by poultices and the diligent use of soap and warm water, I made incisions in different parts of the scalp where the tissues were most boggy and she complained of most pain, and as the result of this exploration removed two pieces of gun-wadding and a buck-shot. The patient soon recovered from the incisions, and, what is more important, there was an end of her old suffering and a revolution in her moral character. She continued perfectly well for more than a year, and then her old eczema returned; and one day she insisted there were some things in her head sticking like pins, and professed to be suffering therefrom most severely. Examining in the eczematous crusts just where she directed me, sure enough I found not pins nor spicula of cranial bones, as I expected, but two fish-bones! The fraud was exposed, and her intense blackness was probably all that hid her blushes of shame; but she has remained well ever since.

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* The only preparation of belladonna I ever voluntarily and hopefully use is the English extract. In these very cases, when the tincture was temporarily substituted, the result was null.

THE CURE OF AN OPIUM-EATER.

F—, a convict, forty-one years of age, but apparently fifty-five or sixty, has been an opium-eater for twenty years, the habit resulting from the use of opium to relieve neuralgia. She was thin, her hair almost white, and her skin dark and like wrinkled parchment. The quantity of crude opium used each week was generally one ounce and a half, though sometimes it was increased to three ounces. After some weeks spent in futile attempts to "taper off" and to partially replace the opium with Indian hemp, etc., the opium was at once withdrawn, and, notwithstanding her piteous implorations, the withdrawal persisted in. A year has passed by, and those who knew F. as an opium-eater, and who had not seen her until now, would hardly recognize her, so great has been the improvement in her general health and appearance.

So far as this case teaches us, the way to quit opium-eating is to quit, to quit at once and forever; not to gradually unloose the coils of this serpent-habit, but to slay it outright.

De Quincey is an illustrious instance of the utter failure of the temporizing and "tapering-off" policy; for whatever his own statements may indicate, and whatever we may be told in biographical sketches, he continued a slave to opium to the last, as the writer was assured by a lady in Edinburgh at whose house he was a frequent visitor, and who more than once, at unseasonable hours, had to hunt for laudanum to satisfy the cravings of this master-appetite of the famous "English opium-eater."

ADENIA IN A GIRL OF ELEVEN YEARS, AND FATAL IN SIX MONTHS.

The first symptom to which my attention was called in this case was glandular enlargement in the left submaxillary region. The child seemed quite delicate, but I could learn nothing of her past history, save that her mother had died of pulmonary consumption. She was given cod-liver oil with the compound liquor of iodine, and the tincture of iodine was used locally. Soon after there were similar enlargements on the right side, but they never equaled in size those of the left; then the cervical glands were affected on each side; then the axillary and inguinal; and dyspnœa and cough, existing independently of pulmonary or cardiac disease, indicated the affection of the bronchial glands. The enlargements were indolent, no indication of suppuration, and were not sensitive, but produced great distress by pressure, especially those in the left axilla and groin, which, like their associates in the neck and under the maxilla, were decidedly larger than the corresponding ones of the right side. Any movement of the left arm or the left thigh was very painful; and the left arm finally was held out from the trunk, almost like the wing of a bird just commencing to fly. No enlargement of the liver or spleen could be detected, but the mesenteric glands were affected.

The patient, in spite of nutrients and tonics, steadily emaciated, grew weaker, and died after only six months' illness.

This disease, first described by Hodgkin (Medico-Chirurgical Transactions, 1832), and hence sometimes called by his name, had the name *adenia* given it by Trousseau. A very interesting paper upon the subject by Dr. William Carson, of Cincinnati, will be found in the Western Journal of Medicine, February, 1868.

The chief peculiarity in this case was its rapid progress to a fatal termination. Death is usually anticipated by the disease from one to two years, but here the commencement of the malady was only six months before the fatal issue.

INDIANAPOLIS.

BATTEY'S OPERATION.

BY D. W. YANDELL, M.D., AND ELY M'CLELLAN, M.D.

Dr. Battey, of Georgia, having recently done a series of operations in the city of Louisville, several of which we witnessed, we sought an interview with him, and elicited information which we deem of interest to the medical profession. The following is the purport of the interview:

YANDELL—What first suggested the idea of this operation to your mind?

BATTEY—I had charge of a young lady of twenty-one, who had no uterus, but with an active menstrual molimen, whose heart was broken down by the strain upon it in the monthly vascular excitements which were unrelieved, and of which she died. It occurred to me that if I could but divest her of her ovaries the balance would be restored. I searched in vain for a precedent; I dared not to make one.

YANDELL—You have performed what you at first called "normal ovariotomy" how many times in Louisville?

BATTEY—Six times.

YANDELL—Have you removed in these cases one or both ovaries?

BATTEY—From one case one ovary; from another both ovaries at two operations; from three cases both ovaries at one operation.

YANDELL—Are you the originator of this operation, or does your procedure differ from that of other ovariotomists so as to make it an original operation?

BATTEY—I believe the removal of the ovaries with a view to effect the change of life at will is entirely original with myself, both in its conception and execution. I know of no one who desires to claim it for any one else.

YANDELL—In what respect does your operation differ from other methods of ovariotomy?

BATTEY—All other operators propose to remove *ovarian tumors* for the conservation of life and to relieve the patient of an intolerable burden. The vaginal ovariotomy of Thomas and Noeggerath only differs in the *route* by which the tumor is reached. It is my purpose to rid my patient, in the first place, of a *diseased or pernicious ovulation;* secondly, to avail myself of the great alterative changes in the nervous system which attend upon the *change of life;* and in doing so to revolutionize the whole female economy, and thus throw off an *otherwise incurable disease.* It is true that I remove diseased ovaries, frequently cystic; it is true that I sometimes know them to be cystic before removal; but they are organs which still have sufficient integrity of structure to keep up ovulation, and *it is to stop this diseased or pernicious ovulation that I operate, and to effect the change of life.*

Yandell—Under what circumstances do you think the operation demanded?

Battey—*In the case of any grave disease which is either dangerous to life or destructive to health and happiness, which is incurable by the recognized resources of our art, and which we may reasonably expect to remove by effecting the change of life.* I desire it to be distinctly understood that I *do not* propose it for amenorrhœa, nor dysmenorrhœa, nor nymphomania, nor for any other particular malady, but only for such conditions and cases as are alone curable by the change of life. *I do not propose it for any case curable by any other method or means.*

Yandell—Will you describe your method of doing the operation?

Battey—I place the patient upon the left side, semi-prone, retract the perinæum with an old-fashioned Sims's duckbill, having a broad but rather short blade that is but little cupped, which I find very desirable. The cervix uteri is now seized with a stout volsella and drawn down under the pubic arch. The incision is made in the median line of the posterior vaginal *cul-de-sac* with scissors, and from an inch and a quarter to an inch and a half in length, the latter preferable. The incision extends at first down to the peritoneum, when, if there be no bleeding, the serous membrane is opened. The speculum is now removed and the index finger passed into Douglas's fossa to hook down one of the ovaries and bring it into the vagina, while an assistant by pressing the hand upon the hypogastrium depresses the viscera in the pelvis. Occasionally there is advantage in turning the patient supine, that the viscera may gravitate into the pelvis. Often the use of a suitably-constructed forceps is required to assist in bringing down the ovary. A temporary ligature is cast around the base of the ovary, and the other organ similarly treated, when they are removed by *écrasement*, about ten minutes being consumed in crushing the pedicle of each ovary, the temporary ligatures coming away with the ovaries. No suture is used in the vaginal wound, nor is any tent or drainage-tube employed, as a rule. In several of my cases the ovaries have been found to be bound down by old peritoneal adhesions, which required to be broken up by the finger, and in one case the ovary was literally dug out with the finger-nail.

YANDELL—Have you in any way modified or improved your original operation?

BATTEY—Yes, in two particulars: first, in substituting the vaginal for the abdominal incision; and secondly, in discarding all ligatures and sutures, leaving no foreign body in the tissues. I have not operated through the abdominal wall since my first case. I have used the ligature upon the pedicle in only four cases, and have used the vaginal suture but twice in all my cases.

YANDELL—Is the drainage sufficient in all cases?

BATTEY—The drainage is ample, as a rule. If there be suppuration, I introduce after the first five or seven days a Nélaton soft catheter to wash the cul-de-sac and prevent premature closure of the wound.

YANDELL—Does prolapsion of intestine or omentum through the incision ever occur?

BATTEY—I have never encountered a case. Usually in twenty-four hours the incision of an inch and a half contracts to half an inch, and in forty-eight hours it is almost entirely closed, barely admitting a catheter.

YANDELL—Have you ever encountered troublesome hemorrhage?

BATTEY—No, never.

YANDELL—Should it occur, what means would you use for its control?

BATTEY—Should I encounter hemorrhage from the incision, I would use torsion to the bleeding vessel; if from an ovarian vessel, I should rely upon ice passed into the *cul-de-sac*, as I did in one of my cases where there was rather free oozing from ruptured adhesions, the patient doing well afterward.

YANDELL—Should it become necessary to cleanse the peritoneum, how would you effect it?

BATTEY—Blood is removed with facility by the finger, if clotted, and drainage of other fluids is adequately effected by turning the patient upon the back. In one case, where I cut through a hematocele to reach the ovaries, I broke up the clot with my finger, and sponged out the cavity with a soft sponge.

YANDELL—What instruments do you employ?

BATTEY—My instruments are few and simple. I have none at all which are made for this operation. Those I use are, *first*, the *old* Sims's speculum before mentioned (I could not operate well with the usual form now employed in gynecology, but have operated several times with Storer's speculum by reversing the blade); *second*, a stout volsella; *third*, a pair of slender rat-tooth forceps; *fourth*, a pair of long scissors; *fifth*, a pair of old-style bullet-forceps. The operation would be facilitated by suitable instruments, which I have in mind, and hope ere long to have in hand for use.

YANDELL—I observe that you use curved scissors to make the incision in the vaginal wall. Would not straight scissors be better?

BATTEY—I should prefer them straight in the blade, but bent at an angle upon the flat, just back of the joint.

YANDELL—How many assistants are required?

BATTEY—I have operated with three; four are better, and five shorten the time somewhat.

YANDELL—How long are you generally in performing the operation?

BATTEY—Usually an hour. I do not hurry.

YANDELL—Do you use ether or chloroform, and have you seen ill effects from either?

Battey—I use only ether, as a rule. Sometimes I employ a little chloroform at the start to overcome the smothering sensations often caused by ether. I have seen no ill effects from either in these cases.

Yandell—How many times have you operated altogether, and with what immediate results?

Battey—Ten times, with eight recoveries and two deaths.

Yandell—What was the cause of death in the two fatal cases?

Battey—In the first fatal case the patient had progressed most favorably to the ninth day, when she was suddenly seized with agonizing abdominal pain immediately on raising herself up in bed; the pulse ran rapidly up from ninety to one hundred and fifty, and the patient died in twenty-four hours. Autopsy showed a small pelvic abscess, which had contained an ounce of very acrid pus, which had escaped into the peritoneal cavity, where it could find no outlet, the drainage from below having been closed by adhesions. The second death occurred in Louisville; and in the last case I operated on the patient had for years complained of pain about the heart, and had a very irregular pulse, often running from sixty to one hundred beats in the minute. The cardiac sounds were found by myself and others to be quite normal, and the heart-troubles were believed to be merely functional and sympathetic. She bore the operation well, and it was done with greater ease and facility than in any previous case. On the second day there was a sharp attack of pelvic peritonitis, which extended somewhat to the abdominal peritoneum. On the third day the peritonitis seemed to be subsiding, and the pulse and temperature came down very much. Toward noon the heart showed evident signs of giving way; soon the pulse disappeared at the wrist, while the respiration remained good, the voice strong, and the mind cheerful. A comatose condition came on rapidly in the afternoon, and death occurred on the night of the third day, the action of the heart being extremely feeble, while no pulsation was to be felt in the axillary and femoral arteries for four or five hours before death. Unfortunately an autopsy was peremptorily refused.

YANDELL—If any of your other cases have had alarming symptoms, state what they were.

BATTEY—Of the other eight operations, my first had septicæmia of a threatening character, which rapidly subsided under the peritoneal douche; the fourth had pelvic peritonitis and purulent discharges for a time; and the ninth had pelvic peritonitis and pelvic abscess, which discharged through the vaginal opening. In five there was no untoward symptom; in three the pulse went at no time over one hundred, and in one it did not at any time exceed ninety.

YANDELL—Have the ovaries removed been healthy or diseased?

BATTEY—In my first case the ovaries were supposed at the time of removal to be healthy, and I am still of this opinion; but they were not carefully examined, and one of my assistants, to whom they were intrusted, negligently allowed them to remain in a piece of cloth for two or three days of very hot August weather, when they were so far decomposed as to render any examination very unsatisfactory. In all the other operations the ovaries removed showed unmistakable disease. In the ten operations I have removed eight cystic ovaries, the cysts varying in size from that of an orange down to that of a cherry. The ovaries removed from two cases here are being subjected to microscopical examination. The report I have not yet received.

YANDELL—Is your term "normal ovariotomy" a correct one?

BATTEY—No; I abandoned that term some time ago, but have as yet no satisfactory substitute.

YANDELL—For what conditions, in general terms, have you done these operations, and what have been the results?

BATTEY—I have operated in widely different circumstances. In one case the patient had amenorrhœa, convulsions, recurring hematocele, repeated pelvic abscesses, incipient tuberculosis from pulmonary congestions, etc. Several of the cases passed under the head of ovarian neuralgia; several had intractable dysmenorrhœa with pelvic deposits of old lymph; one had ovarian insanity, etc. All had exhausted the available resources of the art to no useful purpose. *I operate no case that any other respectable medical man proposes to cure.* In most of my cases the full results of the menopause have not yet been developed. This is the work of many months, and sometimes two or three years are necessary to its full and perfect realization. In no case has the patient failed to realize such a degree of relief and benefit following the operation as to amply compensate her for all the pains and dangers incident thereto, to say nothing of the promise of full and ample recovery at the completion of the physiological "change." In two of my cases this *change* has seemed to occur at once in all its completeness; but it is always my expectation that it will occur gradually, and extending through two or even three years to its final completion. In my first case (now three years ago) the restoration to health is eminently satisfactory. It is true that she is not absolutely and perfectly well, but she is fully relieved of the convulsions, the violent periodical congestions, the hematoceles, the pelvic abscesses, etc., for which I operated. I submit to you the question in all sincerity, if I confine myself to cases where life is endangered or where health and happiness are destroyed—cases which are utterly hopeless of other remedy this side the grave—ought the profession to demand at my hands the restoration of these forlorn invalids to a state of complete and absolute health in every particular? It is usual for the patients to take on fat freely in a few months after the operation. For the results and prospects of my cases in Louisville I prefer to refer you to your own observation of the patients themselves.

YANDELL—In three of the operations I saw you do there was plainly cystic degeneration of the ovaries. Had these cysts not been removed, would they, in your opinion, have developed into ovarian tumors, and ultimately have required removal through the abdominal wall?

BATTEY—Yes, I think so. In two cases I have had the opportunity to watch for some months the progressive enlargement of the cysts. In one case I removed a cystic ovary, and had the opportunity of examining the other ovary, which was entirely healthy. In twelve months this also became cystic, and is now as large as a small egg, and will soon require removal.

YANDELL—Do you think it good practice to subject a patient to the hazards of the operation and remove but a single ovary, though the other may appear to be healthy?

BATTEY—I do not *now* so think. It is true that I have in three instances removed but one ovary; in two of the cases the other ovary required subsequent removal, and in the third case there is now strong reason to apprehend that a second operation may be required. The conditions for which I operate are so grave that I should not esteem the leaving of one ovary advantageous, though it appear to be quite healthy. Besides, our means of diagnosis in these cases are so imperfect and the maladies so intractable that in order as far as may be to insure the cure I desire to avail myself of the great alterative changes which attend upon the menopause.

McCLELLAN—What has been the effect of the operation upon the menstrual function?

BATTEY—I have seen nothing like proper menstruation after the operation. I do not care at present to discuss this branch of the subject, as I purpose to consider it fully at a future time.

McCLELLAN—What has been the effect, if any, upon the sexual desire?

BATTEY—In my married cases, without exception, it has remained wholly unimpaired. In one unmarried lady I am assured that she is "conscious of no change in her feelings in any respect" since the operation.

McClellan—Have you observed the occurrence of any symptoms indicating that any subject of this operation had been *unsexed* by its performance?

Battey—None whatever. In my cases thus far I am of opinion that the patients upon whom I have operated have, without exception, *lost nothing whatever by the operation.* The married women were *all* hopelessly barren, and the single were presumably barren, because married women in similar circumstances and with similar organic and functional lesions are incontestibly barren. There is no loss whatever aside from barrenness.

McClellan—Dr. Matthews Duncan, in his address before the obstetric section of the British Medical Association, refers to this operation "as having been justified by the belief that the removal of the ovaries is the annihilation of all or some of the sexual activities," and applies to it the term "spaying." Have you published any statements that would justify such representation, or does it arise from a misconception of the objects for which the operation is proposed?

Battey—Dr. Duncan seems to greatly misconceive both my objects and my results. This is not peculiar, however, to Dr. Duncan; for, I regret to say, I find very few medical writers or medical men who do fully and rightly apprehend me. I hope that the observation of my work and its results by others will soon correct this. The term "spaying," as generally understood in the lower animals, is very inappropriate to the artificial menopause which is effected in women by my operation.

It will be seen from the foregoing that Dr. Battey has performed his operation in this city *six* times in the persons of *five* individuals. Although a sufficient time has not elapsed to develop fully the results which it is hoped are to be obtained, we present the following summary of these cases:

Case I.—Mrs. S., twenty-four years of age, married two years, but has never been pregnant, had suffered severely from dysmenorrhœa, and since her marriage from intense ovarian pain and all the sequelæ of ovarian disease. The menstrual periods were prolonged, and each occurrence added to the intensity of the symptoms. The patient presented extreme emaciation, great nervous prostration, with insomnia and coccyodynia. Operation performed May, 1875; left ovary alone removed. Dr. Leachman, in whose professional charge this case occurred, states that there has been a decided improvement in the general condition of the patient since the operation. The menstrual function has been regularly performed, attended with but little pain and no prolongation of the period. The patient is urgent in her demands for the removal of the remaining ovary.

Case II.—Mrs. Q., about thirty-five years of age, married for sixteen years, never pregnant, has suffered from dysmenorrhœa and intense ovarian pain throughout her entire menstrual life, also from persistent coccyodynia. Operation performed May, 1875; right ovary only removed. Dr. Edward Richardson, her medical attendant, states that for some weeks subsequent to the operation there was a total subsidence of all pelvic discomfort, with the exception of the coccyodynia. (This case will be again referred to as Case V.)

Case III.—Miss McD., aged twenty-four years, has suffered intensely from dysmenorrhœa during her entire menstrual life; acute ovarian disorder, coccyodynia, vicarious menstruation from bowels, lungs, and skin. Operation performed August, 1875; both ovaries removed. Dr. Leachman, the medical attendant, reports an entire subsidence of all uncomfortable symptoms. The patient has not menstruated since the operation, although the menstrual molimen has been upon one occasion well marked.

Case IV.—Mrs. H., twenty-eight years of age, married twelve years. The first pregnancy occurred a few months after marriage. Had puerperal peritonitis, cellulitis, netritis, all of which became chronic; and during the next few years had several pelvic abscesses, and was left with intense uterine hyperplasia. Within the past three years has been pregnant three times, but in each instance aborted at the fifth or sixth week. Each abortion was followed by acute cellulitis. Each menstruation was followed by an aggravation of all the symptoms. Operation performed September, 1875, in the hope of arresting the menstrual function. A hematocele was evacuated and both ovaries were removed. Dr. E. D. Forée, in whose professional care this lady had been for several years, states that as yet sufficient time has not elapsed to determine the results of the operation, the patient having passed through an attack of peritonitis, the formation of a series of pelvic abscesses, and several attacks of malarial fever. She is now considered as convalescent from the operation, and the most favorable results are anticipated.

Case V.—Mrs. Q., before noted as Case II. The previous operation having failed to afford complete relief from the unpleasant pelvic symptoms, in September, 1875, the *left ovary* was removed. The patient recovered from the operation without any unpleasant symptoms. The coccyodynia is, however, persistent.

Case VI.—Miss M., aged twenty-nine years. This case is fully noted in the preceding remarks of Dr. Battey.

It seems proper that this paper should be closed with an expression of the impressions made upon us by the operations that were witnessed in this city, and this may best be accomplished by a cursory description.

Having been fully etherized, the patient was placed upon the table in the posture of Sims; the perinæum was retracted by a speculum; the cervix uteri was grasped with a volcella, and the uterus drawn firmly downward; with scissors an incision was made through the walls of the vaginal cul-de-sac, in the line of the fornix vaginæ. The slight hemorrhage which resulted was arrested by the application of cold sponges. The peritoneum was grasped, nicked, and opened to the length of the original incision; the fore finger was passed into the cul-de-sac; the broad ligaments and fallopian tubes were examined; the position of the ovaries was determined, and one was drawn as closely as possible to the incision, when it was grasped by forceps and drawn through the opening into the vagina for examination. A stout ligature was passed around the gland to serve as a guide in the application of the *écraseur*, the chain of which was slowly tightened, until after the lapse of ten or twelve minutes the attachments were severed and the gland removed. The same procedure was practiced upon the other ovary; the wound was sponged out, the vagina cleansed, and the patient placed in bed after an almost bloodless operation.

To witness an operation upon a typical case or to read a description thereof is to become impressed with its simplicity and the facility with which it is accomplished. Any tyro may perform the initiatory steps, but it requires a profound gynecologist to complete the operation. It demands that the regional anatomy be impressed upon the brain of the operator. It demands an educated finger, by which the least deviation from the normality may be at once determined.

In Case I, performed in the presence of Gross, Sims, and Sayre, the operator hesitated in determining the exact location of the ovary, so altered by disease and surrounded by adhesions was it; and before the final steps of the operation were attempted the experienced diagnostic powers of Sims were called into play. In this case it was found to be impracticable to excise the ovary; it was crushed and scraped out.

In Case II the ovary was found so altered by disease as scarcely to be recognized.

Case III was purely typical of the operation. The ovaries were readily secured and removed in the most brilliant and successful manner.

In Case IV the incision through the vaginal wall opened a considerable hematocele, and in the management of the operation all the nerve and dexterity of the surgeon were demanded, and it is but just to state that the demand was most fully and ably met. In this case the organs were diseased almost beyond recognition, and were firmly bound down by adhesions.

Case V was for the removal of the remaining ovary of the case reported as the second of the series, when all the difficulties of the first operation were met.

Case VI was typical and the counterpart of Case III.

Thus it is seen that in the series of six cases operated upon in this city by Dr. Battey but two were, it might be said, simple operations. The remaining four demanded all the knowledge, nerve, and dexterity of the surgeon to bring them to a successful completion. Of these six cases one was fatal; but that case was not among the number presenting complications, but was the one performed with the greatest ease to the operator, and the one which seemed to promise the best results.

As to the merits of the operation, as to whether it will accomplish all that its bold originator claims, we are unwilling at this time to commit ourselves by any expression of opinion. We fully coincide with Thomas, who writes, "*It is too young as yet to be decided upon, and is unquestionably a procedure which may be greatly abused.*"

As regards this operation a misconception has occurred. *Normal ovariotomy*, not *vaginal* ovariotomy, is claimed as original by Dr. Battey. Upon page 737 of the fourth edition of Thomas is a letter from Battey detailing his experience in the operation of vaginal ovariotomy, which originated with Thomas; but upon page 723 of the same edition Thomas fully establishes Battey's claim to precedence *in the extirpation of the ovaries for the immediate accomplishment of the menopause.*

Normal ovariotomy has become a misnomer, as demonstrated in the series of Louisville cases. A designation of the operation is demanded by its growth. Sims suggested that it be christened "Batteyize." We look to the author to name his offspring.

It is proposed at a future day to present again the subject of this operation to our readers, but it will be deferred until such time as the results of the operation upon the four ladies now resident in this city may definitely be determined.

LOUISVILLE.

SECONDARY PERINEAL TRAUMATISM.

PERFECT UNION WITHOUT SUTURES—RECTUM UNIMPAIRED.

BY GEO. N. MONETTE, M. D.,
Physician to St. Anna's Asylum, New Orleans.

Mrs. F. consulted me during the latter part of February relative to the possibility of her being *enciente.* I deferred an auscultatory examination until the next day, when I could see her at her own house. I detected the fetal pulsation, and announced the fact to her. At the same time, basing my opinion upon her calculation, I inferred that she would be confined on or near the 15th of May following. She had conceived during lactation with a former child, which created some doubt in her mind as to the fact of her being *enciente.* I was summoned to her on the 15th of May, arriving at 8:30 A. M. Her pains were moderately severe and not very frequent, but steadily increasing in severity and frequency. I diagnosed the left occipito anterior position (of vertex). At 12 M. I delivered her of a large healthy male child weighing ten pounds. I sustained the perinæum during the expulsion of the head; still it gave way as the head emerged from the vagina or was born. I examined the rupture and found it complete, extending to the rectum, but not involving the sphincter ani. The laceration extended about midway of the right lateral margin of the rectum. I suggested sutures; but she had heard of a friend on whom the operation had failed and been aggravated, and objected to any intervention. Not until then did she inform me that she had met with a similar accident at her first and previous accouchement, and the parts had united by granulation, no sutures being used.

Her lochia continued only three days. Meantime I used lavements of olei ricini freely. The nurse, unadvisedly and during my absence, gave her a rectal enema, which caused a return on the fifth day, much to my disappointment. I added some carbolic acid to the castor-oil, which was continued ten days, when the laceration had united perfectly.

The tissue of the vaginal union is very dense, owing to two cicatrices. The vaginal exterior is not impaired, but I fear its distensible caliber in case of another accouchement; also I fear delayed union in the event of a third perineal laceration. The facts of this case may controvert the *à priori* necessity of immediate surgical intervention. Although a single case, still I must infer that it is possible for union to take place in all cases, unless retarded by protracted lochial discharge. The attitude of the woman is the same without as with sutures. I trust the attention of the profession may be devoted to the success of union by granulation in the future, since perfect union has taken place in this lady on two occasions with no impairment of the perinæum nor of the rectum.

NEW ORLEANS.

ADDISON'S DISEASE.

BY D. W. LAMME, M. D.

In consideration of the apparent unsettled pathology of the above-named disease, I deem it due to the medical world that all cases which will tend to throw light upon and define its true pathology should be reported to the profession.

As nearly as I can make out from contributions to the medical journals, the German physicians mostly differ with the English with regard to the relation existing between diseases of the supra-renal capsules and bronzing of the skin. The former do not regard the disease of the supra-renal capsules as the *anatomical characteristic* of the bronzing of the skin, while the latter mostly incline to the views advanced by their countryman, Dr. Addison.

I had the privilege, if privilege it might be called, of witnessing, by the courtesy of the husband, a post-mortem examination of a lady conducted by *irregulars*, into whose hands she had fallen. Although I could not examine the case as I would like to have done, yet I think, from what I saw and what I learned from the husband, I am warranted in reporting the case.

Upon opening the cavity of the abdomen a large tumor was found occupying almost the entire left hypochondrium. It was situated upon and enveloped the left kidney, except the lower end, and was adherent in part to the spleen, and formed attachments more or less closely to all the parts around it. Together with the kidney it weighed five pounds and ten ounces, and was nearly ten inches in length and fourteen inches in circumference. This tumor contained within its sack nothing but yellow, cheesy, tuberculous matter.

I learned the following facts from the husband: Mrs. Smith was fifty-five years old. She commenced to feel badly about three years ago; first felt the tumor in the left side in March,

1873. Her complexion was fair while in good health; it now became sallow, and gradually assumed the bronze hue described by writers on this disease. Appetite was generally good, but digestion poor. Had occasional diarrhea. Urine was thick and scanty most of the time until three months before her death, when it increased to twice the normal amount, and was light-colored. Her mind was generally cheerful, but somewhat impaired toward the last. Had considerable thirst, with occasional feverish spells. Was much emaciated. Whatever relation the disease of the supra-renal capsules may sustain to the bronzing of the skin, it is quite certain that both these conditions existed in a prominent degree in this case.

El Paso, Ill.

SUCTION OR ATMOSPHERIC PRESSURE IN HERNIA AND ILEUS.

BY D. M. LIPSCOMB, M. D.

I do not know of any authority for a resort to this means of treatment in these affections, but the result of it in the two cases imperfectly given below appears to justify it, especially in cases of suspected invagination and strangulated hernia where the reduction is difficult. The first case occurred more than twenty years ago, but the essential facts in regard to it are as fresh in my memory as if they had happened on yesterday.

I found myself with nothing else I could think of, after exhausting not only the resources at my command, but all that could be derived from the friendly assistance and suggestions of Dr. Wm. W. Liddell, of Carroll County, Miss., where the case occurred. The patient was a negro woman, about forty years of age, a slave of Judge Drake's. She had been attacked simultaneously with pain in the abdomen and noticeable constipation some four or five days before she was seen, and vigorous efforts had been made to move her bowels not only by purgatives, but by enemata. When first seen she was vomiting every thing taken into the stomach. The abdomen was tender and tympanitic, with some pain referred to the whole abdomen. No tumor or exceptional tenderness could be detected in the regions liable to hernia. The patient was apparently much worn and suffering for rest. So, after a trial of some more stimulating injections than had been used, and without any result, I ordered a pill of calomel and opium to be given every three or four hours, as she might be suffering or at rest; and a poultice, moistened with spirits of turpentine from time to time, was to be kept over the abdomen, thinking it best to defer any further active measures to move her bowels until the following day.

On returning in the morning we learned that on attempting to swallow the first pill the patient had thrown up a considerable amount of stercoraceous matter, and had repeated it at short intervals ever since. She had failed to rest, and was so much damaged that we did very little, and thought it useless to make any further effort to relieve her, and took our departure for home.

On arriving there we found in our office an acquaintance who had some knowledge of medicine, but who at the time was devoting himself to the water-cure under the inspiration of Pressnitz. This gentleman, in a conversation in regard to our patient, remarked that he had heard of such a case being relieved by the application of an exhausted bowl large enough to embrace most of the abdomen as a cup. Though new to me, the treatment struck me as reasonable and likely to relieve many conceivable cases; but I confess that I had only the slenderest hope that any thing could afford relief to our patient. I determined, however, that if I could reach her and find her alive, she should have all the chance I could give her. So, as promptly as I could ride some seven or eight miles, I returned, and found her about as I had left her in the forenoon. Mrs. Drake had no suitable bowl, but offered me the use of a flower-vase, eight or ten inches deep, with the mouth expanded to six or seven inches in diameter; and after using enough chloroform to induce a slight anæsthesia, to prevent resistance, I succeeded in making a very satisfactory application of it over the central or umbilical region of the abdomen. Within the space of a very few minutes she demanded with a vigor which surprised me to be permitted "to get up." She was raised up and a vessel placed under her, and before she left it she had a copious discharge from the bowels; and from that time she appeared to be relieved, and did not vomit another time.

This was a solitary case, and the relief following so very promptly on the application seemed liable to raise a question whether the slight anæsthesia, imperfect and transient as it was, or the imperfectly-executed prescription of the day before had not some agency in the result; and I hesitated to offer it for publication to any of the journals, while I hardly doubted its value in the treatment, even of apparently hopeless cases, such as the one I had seen and used it in; but a case has occurred in the last few weeks which confirms my convictions of its agency in my own case, and seems to settle its value.

The new case occurred in the practice of my friend and neighbor, Dr. F. M. Gilbert, of Grapevine. I met the doctor riding slowly out of the village, when he stopped and informed me that he had started out to see Mrs. D., a young and delicate married lady nursing her first child, and that she was in such a condition that he would be glad of any suggestion promising advantage; that he had with all diligence used the means commonly resorted to to move the bowels for two of the preceding days; that the patient had had no motion in a week; had been vomiting constantly from the time of his first visit, and for about twenty-four hours had been vomiting stercoraceous matter almost incessantly; that the abdomen was tender and tympanitic; that the pain was not so marked a symptom as the family reported to have been earlier in the trouble, but that the patient was showing every indication of breaking down very soon if not relieved.

I stated the old case to him about as reported above, and advised him to give the bowl a trial. He was less fortunate than I had been in finding a vessel really adapted to the end in view. He was compelled to use a tin bucket, that reached from ileum to ileum, and nearly from the pubis to the ribs; but the vomiting ceased with the first application, nor did it return as a trouble amounting to any thing. The patient had a good night's rest; and, though it was two or three days before there was any discharge of fecal matter from the bowels, a marked improvement was obvious in the condition of the patient. The pulse, which from the time she was first seen had been thready and rapid, and had become very feeble, became quiet and improved in every respect; and Dr. G. has no doubt of the relief at that time of an enteric invagination, and thinks that the organic damage of the part and the exhausted vitality of the patient retarded the setting up healthy action. So much prostrated was the patient that he is inclined to think she might not have recovered but for the help of a sensible mercurial impression on the system, which was noticed about the time the bowels began to move naturally.

GRAPEVINE, TEXAS.

Reviews.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. X. "Diseases of the Female Sexual Organs." by Prof. Carl Schroeder, of Erlangen. Translation. New York: Wm. Wood & Co. 1875.

The fourth installment of this most valuable contribution to practical medicine from the enterprising New York publishers is the tenth volume of the series; for they follow closely the German edition of the work, in which the "volumes are not issued in regular succession, some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work."

The volume before us may strictly be divided into eight sections, respectively, gynecological examination, diseases of the uterus, menstruation and its derangements, diseases of the ovaries, diseases of the uterine ligaments and of the adjacent portions of the peritoneum, diseases of the vagina, and diseases of the vulva. The scope of the work, as shadowed by the table of contents, is most comprehensive and satisfactory.

In the section of gynecological examination much practical information is condensed into the few pages devoted to this subject. The author develops his knowledge of English and American literature; and although no new light is thrown upon the subject, the section abounds with indications of the practical mind of the writer. The subject of *examinations with the uterine sound* is worthy of careful consideration by those gentlemen who are accustomed upon every opportunity of employing this instrument, and who in many instances are as wise after the attempt as they were before entering the presence of their patient. "The indications for the use of the sound are stated very differently by different authors. Some gynecologists employ it almost without exception in every case; others, however, use it comparatively seldom, only when they expect to derive from it some especial, not otherwise attainable, information. I must confess that I belong to the latter class." A careful reading of the indications for the use of this instrument will be of advantage even to gynecologists of considerable experience. In the hands of an experienced and careful operator the uterine sound is an instrument of undoubted value, and one which by no means could be excluded from almost daily use. In such hands the instrument is employed to explore line by line the uterine cavity. The *tactus eruditus* is demanded, and is fully exhibited to the benefit of the patient. The converse of this is, however, too often exhibited. The vast majority of "medical practitioners are emulous of being gynecologists. Armed with speculum, probe, uterine forceps, *porte-caustique*, and acids, they ride forth to conquer. The speculum is introduced, the probe is grasped, its point is inserted through the external os uteri, and unrelentingly pushed forward, regardless of the mucous lining of the cervical canal, regardless of the internal os, regardless of the uterine parietes; one might almost expect to see it emerging from the umbilicus. Experience constrains us to differ with Thomas as to the use of this instrument being confined almost exclusively to adepts, and confirms us in the opinion that authors should guard its employment with the most exact, explicit cautions."

In the section of *diseases of the uterus* the subject of uterine malformations is carefully treated, and the subject of hematokolpos, hematometra, and hydrometra will well repay careful reading, as will also the pages devoted to stenosis of the uterus. Hypertrophy, atrophy, and the inflammations of the uterus, displacements and adventitious growths affecting the uterus, are exhaustively treated, and due credit is given to the recorded achievements of American surgeons. Although one may occasionally be surprised at an omission, still it is evidently the intention of the author to render unto Cæsar that which is Cæsar's.

In the section of *menstruation and its derangements* the subject of normal menstruation, which is at present attracting the attention of physiologists, the enunciations are clear and definite. After noting the investigations of Pflüger, Kundrat, and Engelmann, the presentment made is as follows:

> "According to this the processes of ovulation and conception must be looked upon as follows: the growth of the ovum and the graafian follicles occasions an irritation of the ovarian nerves, which at quite regular periods calls forth as a reflex phenomenon a slowly-developed hyperæmia of the organs of generation. One result of this hyperæmia is the rupture of the graafian follicles, which generally—that is, when they are ripe follicles—takes place at the beginning of the arterial hyperæmia. The second result is a proliferation of the mucous membrane of the uterus. If the ovum received from the fallopian tube is not impregnated, it is lost; and, with the gradual recession of the hyperæmia, the topmost layers of the mucous membrane of the uterus undergo fatty degeneration, exfoliate, and by their detachment cause a laceration of the superficial vessels of the mucous membrane and consequent hemorrhage. If, however, the ovum has encountered healthy spermatozoa, and has been impregnated by them, it fastens itself firmly in the tumefied mucous membrane of the uterus, acts as a powerful stimulus upon it, so that its fatty degeneration does not occur at this time, but only after some two hundred and seventy days, at the end of the pregnancy; and so the occurrence of the hemorrhage is prevented, or rather postponed, for this length of time.
>
> "Among the very important changes which would on this theory be introduced in the views hitherto held would be that every impregnated ovum does not proceed from the ovulation of the last menstruation, and that the ovum discharged on this occasion would rather be the last one lost (unfructified), while the impregnated

ovum would be from the following ovulation, with which no further menstrual bleeding is connected. Löwenhardt has also arrived at this opinion from considerations drawn from the calculation of the duration of pregnancy, and it can not be denied that there is much in favor of it. . . . .

"It is clear that the two phenomena have no necessary and absolute connection, and that the occurrence of one without the other is quite conceivable.

"It is exceedingly easy to comprehend that with some monthly congestions the discharge of an ovum may not take place, for the simple reason that no follicle is sufficiently ripe for the hyperæmia to cause its rupture. We can not therefore prove that the two have no connection at all from the cases in which at the autopsies of menstruating women we find no freshly-ruptured follicle.

"There is just as little difficulty in imagining that cases may occur in which, as an exception, the laceration of the vessels of the mucous membrane does not happen, although there has been the congestion of the genital organs and the discharge of the ovum; hence cases of conception without menstrual hemorrhage present nothing inexplicable.

"Again, the circumstance that women may apparently conceive at any or almost any time will not dispose of the view that the discharge of the ovum takes place at any time and quite independently of menstruation; for we know next to nothing about the time required for the ovum to reach the uterus, or how long it may remain in the uterus capable of impregnation; and we are equally ignorant about the length of time that the spermatozoa retain their vitality in the female genital organs. According to Kundrat's views, it would be difficult to explain conception immediately before or during the period, as it would be a time when no ovum capable of impregnation is present, and when the uterine mucous membrane is being cast off. If we are obliged to reject the complete independence of ovulation and menstruation, we will still emphatically remark that it will be difficult to controvert the possibility of ovulation independently of the periodic congestion. A ripe follicle also may doubtless occasionally burst quite independently of this cause; *e. g.*, from an injury produced by a blow on the abdomen.

"A much more weighty objection to the connection of menstruation with any processes whatever in the ovary is the amply well-established fact that menstruation may continue after double ovariotomy. The cases of unilateral ovariotomy with advanced degeneration of the other ovary of course prove nothing, especially when conception also occurs; since then ovulation must certainly have taken place. We say expressly may continue, for it is certain that ordinarily it does not do so. We prefer in such exceptional cases, instead of drawing the conclusion which is directly opposed to all our views—viz., that menstruation has absolutely nothing to do with the presence of ovaries—to assume that in these women too menstruation was caused by the growth of graafian follicles in their ovaries; but that the organism had in the course of years become so accustomed to the regular discharge of blood that this still continued, although the ovaries were removed. Yet we do not know at present whether something similar to this is not regularly the case in the great majority of women; that is, whether ovulation does not, as a rule, cease sooner than menstruation. This idea is favored by the frequent continuance of the latter up to the fiftieth year, while fertility ceased much earlier.

"As a consequence then of what has been said we do not at all consider menstruation as the peculiar essential event of the periodical congestion of the genital organs. The essential thing is the discharge of the ovum. The escape of blood from the mucous membrane is a necessary occurrence, which is perhaps only the indication of the retrograde metamorphosis of that membrane."

The remaining sections are carefully treated. Space forbids more extended notice.

The advances in gynecology during the past few years have been so rapid and the achievements of gynecologists have been so brilliant that an author, striving to produce a treatise upon the diseases of the female sexual organs within the limit of five or six hundred octavo pages, must of necessity condense his work to his own annoyance and the disappointment of his readers. Had all the subjects enumerated been fully elaborated, this work would undoubtedly have ranked as the foremost work upon the subject extant. As it stands, while fully entitled to a most conspicuous position in all medical libraries, it has detracted nothing from the value of the works of American writers, and "Thomas upon the Diseases of Women" will still retain its place upon the tables of practitioners.

The Cyclopedia is now being published in the English, German, Dutch, Italian, and Russian languages. The American edition will most certainly surpass all others in the care of the translation and the beauty of execution, which is due to the enterprise of the New York publishers. E. M'C.

Scarlatina Statistics of the United States. By THOS. C. MINOR, M. D. Cincinnati: Robert Clarke & Co. 1875.

In this pamphlet Dr. Minor has reviewed the mortality statistics of the ninth census of the United States as they bear upon scarlet fever, and especially as that disease is affected by geographical position, temperature, and altitude. Scarlatina has lost none of its interest for the profession, as it has lost none of its terrors, in the progress of medicine. It continues to be the same intractable disease, when it appears in its worst form, as when its distinguishing features were first recognized by physicians. Nay, there is reason to believe that, with the subsidence of small-pox consequent upon vaccination, scarlatina has become more fatal. Not that it has increased in malignancy; there is no reason to believe that it has; but it is more prevalent, and the mortality attending it is greater, because the quota of feeble children formerly carried off by variola remains now to be destroyed by scarlet fever and measles.

According to the best authorities we have on the subject, scarlatina first appeared in North America in 1735; since which time it has prevailed in every state of the Union. As early as 1791 it seems to have taken on a pandemic form, prevailing throughout New England and the Middle States, and extending, according to Drake, to the Mississippi Valley. It was again pandemic from 1830 to 1833. Drake remarked the interesting fact that the local epidemics of scarlet fever have occurred almost wholly in the states north of the thirty-third degree of latitude; an observation which is confirmed, as Dr. Minor shows, by the census statistics of 1860 and 1870.

As to the effect of latitude upon scarlatina, Dr. Minor gives the following conclusions:

"1. The zone of comparative immunity in the eastern hemisphere extends from 10° south latitude to 20° north latitude. 2. A zone of comparative immunity in the western hemisphere extends from the equator to 10° north latitude. 3. Another zone of comparative immunity in the western hemisphere extends from 30° to 35° north latitude. 4. In times of pandemics occasional epidemics occur at points within the zones of comparative immunity. 5. When scarlatina epidemics occur within the zones of comparative immunity the disease attacks by preference the Caucasian race. 6. The outbreak of such epidemics in the zones marked first and second can always be accounted for by the arrival of ships having the disease aboard. Scarlatina can then be said to be imported within these zones, and, having exhausted itself on the European settlers, the disease fails to become acclimatized, and dies out completely for long intervals of time. 7. In the zone marked third the disease almost always exists in a sporadic form; it only becomes epidemic when it is pandemic in the higher latitudes."

It would appear therefore that a very high temperature, co-operating with a humid atmosphere, is unfavorable to the rise of scarlet fever. Generally the disease is most fatal in cold weather, but in some places it has prevailed with most virulence during the warm months. Altitude can not be said to exert much influence upon the disease. In the New England States it seems to diminish the scarlatinous tendency, while, as a rule, it would appear to increase it. Nothing conclusive can be inferred from the statistics on this point.

Respecting the effect of race, it has been observed nearly every where that white children are the greatest sufferers; but in South Carolina, where the disease is rarely epidemic, much the greatest mortality occurred among children of African descent. The disease is most fatal to children under two years of age; its greatest mortality is among those under five years. From the fifth to the tenth year the mortality steadily declines up to the twentieth year, after which there seems to be but little susceptibility in the constitution to the scarlatinous poison; still statistics show that old people may contract the disease and die. Of 26,402 victims, 39 were from sixty to seventy, 17 from seventy to eighty, 7 from eighty to ninety, and 1 was over ninety years of age.

The most important result yet arrived at by the profession in regard to scarlatina is that, the susceptibility to it decreasing with age, if children can be kept away from it, they may escape it altogether. The next perhaps is that the danger from the disease is in proportion to the fever, and consequently that cold water is the most effective remedy in severe cases.

Vision: Its Optical Defects and the Adaptation of Spectacles. With seventy-four illustrations on wood. By C. S. FENNER, M. D. Philadelphia: Lindsay & Blakiston. 1875.

Dr. Fenner has presented to the profession in this work a most readable book on what is generally esteemed an uninviting and dry subject. He has evidently sought to make it at once practical and popular. To the more professional topics of which he treats he has prefixed an elementary account of physical optics, a knowledge of which is essential to an understanding of the function of vision. This takes up the first fifty pages of his work, and to this succeeds a full discussion of physiological optics, in which the mechanism of the eye is described, with its dioptrics, spectacles, the spectroscope, and entoptic perception.

Dr. Fenner is in no wise responsible for the technical phrases in which his book abounds, but every reader who approaches the subject must feel that this is a repulsive feature of ophthalmology; but familiarity reconciles one to this pedantry, which, we suppose, in fact is inseparable from science.

In Part III. of his work Dr. Fenner treats of the errors of refraction and defects of accommodation, with their remedies; and to this follows an appendix, in which he gives instructions for the adaptation of spectacles. The rule with which he closes his treatise is one which, though often stated, can not be too frequently repeated; to wit, that "whenever the use of spectacles for a length of time gives rise to fatigue or pain in the eyes, the proper ones have not been chosen; and if the use of them be persisted in, they will injure the organs of vision."

Dr. Fenner commenced his work with healthy eyes, but, he says in his preface, before the first part of it was finished retinal hemorrhage, which came on suddenly, compelled him to employ an amanuensis; on which account it is not so complete as it was his purpose to make it. For ourselves we thank him for his work as it appears. It is a handsome contribution to the medical literature of Kentucky. His publishers have done his labors justice in issuing them in a pleasing dress. The volume before us is neat and attractive, setting off to advantage the simple, unpretending style which Dr. Fenner has chosen as the vehicle for his thoughts. It is a good while since so tasteful a volume was given to the profession by a Louisville author.

The Management of Eczema. By L. DUNCAN BULKLEY, A.M., M.D. New York: G. P. Putnam's Sons. 1875.

This is a thin volume of twenty-two pages, the matter having previously appeared in the Transactions of the American Medical Association for 1874. The object of the author in presenting it in a separate form is that it may thus obtain a wider circulation. The aim of Dr. Bulkley is to show that eczema, though a disease *sui generis*, is not to be treated empirically; but, depending as it does upon many conditions, can be properly medicated only by reference to the general health of the sufferer. One great point with him was to lift its therapeutics out of "the rut of Fowler's solution and zinc ointment." He closes his essay with the following summary:

"1. True eczema is a catarrh of the skin, properly acute, but very commonly subacute and chronic, and is entirely analogous to catarrh of the mucous membranes, which are indeed but involuted portions of the cutaneous envelope. The absence of moisture in many cases does not disprove this; for if the dry parts are kept covered with oiled silk or gutta-percha paper or rubber to prevent rapid evaporation, we soon find that the material forming the scales is the same as in other cases, catarrhal, which stiffens linen.

"2. This catarrh tends to run a certain course, accompanied by definite pathological changes, and the disease which we meet with more commonly is in a large part made up of the relics left in the skin; that is, thickening caused by a deposit of adventitious cells, mostly in the *rete mucosum*, but also capable of extending into the papillary layer, the derma, and even deep into the adipose tissue.

"3. Much that is called eczema is properly only a dermatitis or ordinary inflammation of the skin, tending to spontaneous recovery when the cause is removed and irritating agencies kept away.

"4. Eczema in its true sense it not a local affair, but one intimately associated with blood-changes, represented in the main by a suboxidation or hyperacidity, as found in the stomach, kidney, etc., and this state, moreover, is closely allied to gout, rheumatism, and scrofula.

"5. Debility, pure and simple, does not cause eczema, but may by its existence prevent either the recuperative action of nature or the beneficial effect of remedies.

"6. Eczema being an acute disease, running a definite course, our treatment must consist principally in avoiding irritating elements, correcting systemic errors, debility, acidity, etc., favoring the action of the emunctories, and locally making such applications as soothe and restore tone to an irritated and inflamed integument.

"7. The products of eczema, the thickening and consequent scaling and itching, are removed by stimulating applications and by such pure tonics as act directly on the nerves, causing absorption through the capillaries, as quinine, iron, arsenic, strychnine, and the like.

"8. Arsenic and zinc ointment, while serviceable in many instances, are so far from being specifics for eczema that their use is injurious in many cases, while almost always other remedies will either suffice alone or greatly assist their action."

Transactions of the College of Physicians of Philadelphia. Vol. VIII. Lindsay & Blakiston, 1875.

This first volume of the third series of these transactions appears in a greatly improved dress, and forms a volume attractive to the eye. It contains the papers read before the college from April, 1874, to June, 1875, the variety and character of which may be judged of from the following table of contents:

I. Report of an Autopsy on the bodies of Chang and Eng Bunker, commonly known as the Siamese Twins. By Harrison Allen, M. D.

II. Case of Adenoid (Hodgkin's) Disease. Enlargement of the Cervical Glands with Multiple Lymphadenomatous Tumors of the Brain, Spinal Column, Lungs, Sternum, Subcutaneous Tissue, etc. With Remarks, an Analysis of fifty-eight recorded Cases, and a Bibliography. By James H. Hutchinson, M. D.

III. Case of Fracture of the Neck of the Scapula. By John Ashhurst, jr., M. D.

IV. On a New Operation for certain Cases of Cleft Palate and Bifid Uvula. By Wm. S. Forbes, M. D.

V. On the Operative and Conservative Surgery of the Larger Joints. I. Excision of the Elbow. By John Ashhurst, jr., M. D.

VI. Experiments on the Laryngeal Nerves and Muscles of Respiration, etc., in a Criminal executed by Hanging. By W. W. Keen, M. D.

VII. On the Use of Nitrite of Amyl in various forms of Spasm, and on its Value as an Aid to Diagnosis. By S. W. Mitchell, M. D.

VIII. Case of Acute Tetanus successfully treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection. By Wm. S. Forbes, M. D.

IX. Remarks on Diabetes Insipidus and its Treatment by Ergot. By J. M. Da Costa, M. D.

X. Report on the Surgical Considerations in regard to the Propriety of an Operation for the Separation of Eng and Chang Bunker, commonly known as the Siamese Twins. Deduced from an Autopsy made by the Commission appointed by the College of Physicians of Philadelphia, February, 1874. By William H. Pancoast, M. D.

XI. Case of Encysted Dropsy of the Peritoneum, in which Suppuration had occurred and Abdominal Section was performed, with Recovery. By J. Ewing Mears, M. D.

Remarks upon the preceding paper, by Dr. William Pepper.

XII. Quinia as a Stimulant to the Pregnant Uterus. By Albert H. Smith, M. D.

Many of the subjects are illustrated by chromo-lithographs and wood-cuts, and the papers are marked by uncommon excellence. For a great many years we have been careful readers of the transactions of this college as they have been issued from time to time, and welcome them cordially in their renovated form.

Clinic of the Month.

The Course of the Temperature in Defervescence.—Dr. Finlayson remarks that the observation of the temperature in cases in actual practice affords charts that are widely different from those that are given in books, taken from typical cases, and that it is difficult to draw conclusions from them; and he proceeds to consider an ideal case in which the practitioner is anxiously watching the course of a febrile disease when a crisis is expected, or when defervescence may seem to have begun, and to consider what fallacies may present themselves. In the first place, so long as the febrile temperature persists the disease continues; but a fall of the temperature is *not* necessarily a favorable prognosis. In the case, for example, of basilar meningitis the temperature is seldom very much elevated, and a marked diminution from the previous heights of a *tubercular fever* may sometimes be seen when the cerebral symptoms begin to assume a special gravity; so that while a too exclusive reliance on the indications of the thermometer might lead to a favorable opinion being given in regard to the actual condition of the patient, the depression of temperature might really be due to the failure of the vital powers. In *pneumonia* again, although the usual course of a fatal case is to attain a maximum before the termination in death, there may be exceptionally a low temperature preceding this event, either continuing to the end or giving way to a terminal exacerbation. A depression of the temperature to the degree of collapse may be associated with severe intestinal hemorrhage in *enteric fever*, or possibly even with perforation of the bowel, and this depression may perhaps be the earliest of such accidents. A great depression may likewise follow *other forms of bleeding*, remedial or otherwise, and it is sometimes associated with the act of *vomiting* or with a profuse *discharge from the bowels.* A collapse temperature may, however, be of no evil omen, and may constitute one of those critical perturbations which not unfrequently pave the way for a genuine crisis within twenty-four or forty-eight hours. The best means of avoiding being led into such errors are (1) by paying careful attention to the state of the pulse and the general condition of the patient, and (2) by acquiring familiarity with the usual course and the common deviations of the temperature in special diseases. The sudden rise and fall of the temperature in an ague, or in the course of a few days in relapsing fever, may bear a superficial resemblance to the alternations in the pyrexia of pyæmia without possessing any thing of the gravity of this fatal disease. Hence a fall of temperature immediately after observations have been commenced must be interpreted with caution. Dr. Finlayson gives instances of the differences in the rapidity of the fall of temperature in the crisis and lysis of various affections, it being usually sudden in the former and slower and more steady in the latter. The temperature of convalescents is unstable, and when relapses or complications are feared the evening observations should be continued. (Glasgow Medical Journal.)

BLEEDING IN THE OPHTHALMIAS.—Dr. R. Brudenell Carter says (St. George's Hospital Reports): "At the present day we take blood in eye-disease only sparingly, and chiefly by two methods, the natural leech and the artificial one. The natural leech is very useful in many superficial diseases; the artificial leech chiefly in those of the deeper parts of the eye-ball. In any form of ophthalmia which is attended with great heat and swelling of the eyelids, in some cases of iritis, and in some cases of injury, including many operations for cataract, a leech may often be usefully applied. The best position is usually over the frontal bone, immediately external to the margin of the orbit, and a little above the level of the external canthus. I say a leech rather than leeches, because I think it undesirable to multiply bites. If more blood be required than one leech would be likely to draw, the best plan is to make a free longitudinal incision with a sharp lancet into the creature when it is nearly full, and it will then continue sucking until detached, being no longer inconveniencd by the distension of its alimentary canal and integument. The incision should be made in the side of the leech, near its caudal extremity. The artificial leech is much more rapid in its action than the natural one, and is adapted to take a few ounces of blood quickly from the temporal region. Whenever this method of depletion is used for deep-seated maladies, such as those of the retina or choroid, it is desirable to keep the patient in almost total darkness for the next twenty-four hours, so as to avoid a vascular reaction, by which the original congestion might be increased."

Diagnosis of Aneurism.—Mr. Holmes *(ibid.)* sums up an exhaustive paper on this subject as follows:

1. The difficulties in the diagnosis of aneurism, although they are real enough, are not so frequent as might be inferred from the statements of some authors, provided that all the means of examination are carefully employed. Most of the errors which are recorded have depended on the omission of stethoscopic examination or occurred before the invention of the stethoscope.

2. Of tumors which pulsate, but are not aneurisms, some are abscesses and others pulsatile cancers. The diagnosis of the former is generally possible with careful examination, since they can hardly have a true aneurismal bruit unless they communicate with the artery, when they would become aneurisms; but the diagnosis of the latter is often attended

with the most serious difficulties, though on carefully and repeatedly examining the symptoms the proper diagnosis can usually be made.

3. The occasional occurrence of aneurisms which do not pulsate and have no audible bruit is a motive for the greatest caution in opening any presumed abscess in the situations where such aneurisms may be found, and justifies an exploratory puncture. Such exploration is more likely to do good than harm if the swelling should turn out to be an aneurism.

4. In these more difficult cases it is necessary not merely to ascertain the existence of the ordinary symptoms, such as pulsation and bruit, but also to compare their degree with that which might have been expected if the tumor were aneurismal.

ARNICA IN ORCHITIS.—Mr. H. G. Knaggs reports a method of treating orchitis which, he says, he has for many years found very effective. It consists in the more or less constant application, while the patient is resting, of a lotion of tincture arnica and water (one part of the former to six of the latter) to the affected organ; secondly, in rubbing in an embrocation composed of one third or even one half tincture of arnica and soap-liniment, two or three times a day, along the course of the spermatic cord; and thirdly, in the internal administration of seven-drop doses of tincture of arnica, combined when there is febrile disturbance with two-and-a-half-drop doses of Fleming's tinct. of aconite and acetate of ammonia. This simple treatment, he says, generally cures the patient in a fortnight or less. In using our remedial agents of the above-named strength there is little danger of causing cutaneous irritation; but it must be admitted that while some skins will bear the constant application of even pure tincture of arnica for a considerable time, there are others which are inconceivably sensitive to the action of the drug. We must therefore be on the watch for any show of erysipelatoid inflammation in case such should occur. (British Medical Journal.)

Salicylic Acid in Diphtheria.—Dr. Fontheim has treated with salicylic acid thirty-one patients having diphtheria. The severest cases were cured after eight days' treatment, and the milder ones after two, three, and four days. Of the thirty-one cases none died. There occurred no cases of diphtheritic inflammation of the kidneys, nor were there any cases of paralysis of the palate. In the severe cases Dr. F. ordered the affected parts to be rubbed every three hours with a sponge dipped in a solution of salicylic acid, and to take as regularly a tea-spoonful of the same solution. The formula used was as follows: ℞. Salicylic acid, 2 grammes (about ʒss); fountain-water, 200 grammes (about ℥vij); alcohol, q. s. (to make fl.℥vij). Salicylic acid passes rapidly into the urine, and gives with chloride of iron a blue or violet reaction. (The Virginia Medical Monthly.)

Therapeutic Action of Ipecacuanha.—Dr. Polichronie, in a recently-published work on this subject, arrives at the following conclusions: 1. Emetine is the true active principle of ipecacuanha; 2. In dysentery, as in diarrhea, ipecacuanha administered as an enema produces the same effects as when given by the mouth; 3. Ipecacuanha as an enema is one of the best treatments that can be employed in infantile cholera; 4. In the diarrhea and sweating of phthisis enemata of ipecacuanha give the best results.

Precaution against Puerperal Infection.—At a meeting of a medical society in St. Petersburg *(Rundschau)* Dr. Grünewaldt detailed the measures which were adopted at the lying-in asylum of that city to prevent infection. Acting on the theory that some wound or laceration of the parts concerned in labor presented a nidus for the reception of the disease, attention was also directed toward these points, and the results had been happy. The most common starting-point was held to be the vagina or the mouth of the womb. At these points the poison was absorbed, and the disease traveled onward along the planes of connective tissue. The rule observed was to examine every woman, by the aid of a speculum, immediately after labor. Every laceration or abrasion was then carefully attended to, and as soon as a morbid appearance, such as diphtheritic deposit or the like, was noticed, a solution of carbolic acid in water (one part to twelve) was applied, or the sesquichloride of iron in a similar proportion. If the disease advanced, and there were signs of endometritis, injections were practiced by means of the double catheter. The indications for intra-uterine injections were (1) retention of the membranes, (2) retention and decomposition of coagulated blood, (3) in lochiometra, (4) in any form of endometritis, and (5) in secondary hemorrhage. In fact he said it was customary to use a weak solution of carbolic acid (one part to four hundred) as an intra-uterine injection immediately after labor, in all cases, by way of prophylaxis.

To Disinfect and Deodorize Excrements.—Dr. Camerers, of Ulm, has tried *(ibid.)* some experiments with reference to this subject, using for the purpose diluted urine, and as disinfectants carbolic acid, sulph. of iron, English sulphuric acid, and caustic lime. He has found that the sulph. of iron and caustic lime alone are capable of preventing the formation of low organisms. He therefore recommends these latter for purposes of disinfection as the most certain, the cheapest, the most free from danger, and as preserving their properties best when dissolved in water. Two classes of substances act as deodorants of excrements: first, such as fine sand, powdered mold or clay, etc., which form a coating over the stinking surface; and second, such substances as charcoal, which absorb the offensive gases. He states that a vault with a capacity of twenty hundredweight can be rendered perfectly free from smell in the course of twenty-four hours by scattering about in it a few pounds of pulverized charcoal. The charcoal does not, however, prevent putridity and the formation of low organisms.

INFLAMED BURSA PATELLÆ.—Mr. Henry Arnott, of St. Thomas's Hospital, mentions that he has not derived much benefit from counter-irritation around inflamed bursa patellæ, and on one occasion he was dismayed to find that the remedy set up acute synovitis of the knee-joint. This seems to show the need of care in resorting to this kind of treatment.

OZENA.—A cure of this most distressing affection in a case of thirteen years' duration is recorded in the *Giornale della Accademia Medica di Torino*, one in which the nitrate of silver and the permanganate of potash had been resorted to in vain. The successful means consisted in frequent injections of the chlorate of potash in the proportion of one part of the chlorate of potash in six parts of water. The cure proved permanent.

HOOPING-COUGH.—The advantage accruing from changed air in hooping-cough is so unquestionable that when practicable the procedure should always be had recourse to. Meanwhile it is interesting to learn that M. Greslon has found chloral of real efficacy. The little patient, a boy of eight years old, suffered from hooping-cough of six weeks' duration most severely. The fits were most characteristic, excessively frequent, as well as attended with vomiting and distressing turns of suffocation. Opiates, antispasmodics, and what not were tried in vain. At last it occurred to Dr. Greslon to have recourse to chloral, in from one- to two-gramme doses, nightly. The hooping, which had recurred every hour, after four days took place only five or six times daily. In ten days they were only half as frequent and greatly less severe in character. In short, the patient became rapidly exempt from his complaint, regaining his habitual gayety and spirits. *(La France Médicale.)*

SCIATICA TREATED BY ELECTRICITY.—Out of seventy-three cases of sciatica, many of which had previously undergone various treatment, Dr. Berger procured permanent relief in sixty-three by means of electricity. The moistened positive pole was applied to the dorsal vertebra, while the negative was passed over the affected locality for from three to eight minutes or so. At the same time Dr. Berger exhibited croton-chloral at bed-time so as to insure sleep. *(Allgemeine Med. Cent. Zeitung.)*

ADMINISTRATION OF MEDICINES TO INFANTS THROUGH THE MOTHER'S MILK.—Dr. Lewald has investigated the elimination by the milk of the mother of iron, bismuth, iodine and its compounds, arsenic, lead, zinc, antimony, mercury, alcohol, and several narcotics. His numerous experiments were made in the goat. A certain dose of the medicine was administered to the animal, after which the milk was examined. The principal conclusions which the author has arrived at are—1. A larger quantity of iron can be administered to the infant through the mother's milk than by any other means. 2. Bismuth likewise is eliminated by the milk, but in very small quantity. 3. Iodine does not appear in the milk until ninety-six hours after taking it. The iodide of potassium given in doses of forty grains per diem appears four hours after ingestion, and continues to be eliminated for eleven days. 4. Arsenic appears in the milk at the end of seventeen hours, and its elimination had not ceased after sixty hours. 5. Though one of the most insoluble preparations, the oxide of zinc is nevertheless eliminated by the milk, and it is probable that this is also the case with the other preparations of zinc. Fifteen grains of oxide of zinc were found in the milk at the end of from four to eight hours, and it disappears sooner than iron, because no trace of it could be discovered after fifteen or sixteen hours. 6. The elimination of antimony is an undeniable fact, and it is well to bear this in mind during the period of nursing; the same holds true in regard to mercurial preparations. 7. That alcohol and the narcotics are eliminated by the milk has not been demonstrated. 8. Sulphate of quinine is eliminated very easily; a child suffering from intermittent fever was cured by administering quinine to the nurse. (*Lyon Médicale:* New York Medical Journal.)

ACHOLIA.—Dr. S. Kersch, of Prague, designates with this term those morbid processes in which the entire secretion of bile is suspended, no traces of it being found either in the fæces and urine or in a jaundiced coloration of the skin and conjunctiva. The author has observed three cases, two children and one adult female. In the two former, aged respectively fifteen and eight months, the symptoms were identical, consisting of those of intestinal catarrh; there were much flatulence and crying, and defecation only by means of an enema; the stools were of a light-grayish color, nor did the urine show any traces of biliary coloring-matter on chemical examination; neither the skin nor conjunctiva was discolored; pulse 130; temperature much increased, especially of the head; during sleep short clonic convulsions. This condition lasted eleven and fourteen days, after which the fever and pains disappeared, and the stools again became colored. The third case was that of an unmarried lady, thirty-six years old, who had had severe diarrhea for several weeks, loss of appetite, and frequent vomiting; tongue covered with a thick white fur; pulse 76; no elevation of temperature; menstruation regular. The vomited matter and stools were of a light-gray color; the urine was light-colored, and no biliary matters were found on chemical examination; there was no jaundice nor discoloration of the conjunctiva. The only additional symptoms were slight headache and abdominal pains at stool. These trivial symptoms disappeared after very small doses of morphine. The author could find no similar cases in literature, and thinks the condition is attributable either to the interruption of all biliary secretion or to its decomposition in the blood when its discharge is prevented. *(Memorabilien,* 5, 1875: *Ibid.)*

MORPHINE INJECTIONS IN DYSPNŒA.—According to Dr. A. Renault, hypodermic injections of morphine not only cause the disappearance of the pain, but also rapidly modify the attacks of dyspnœa. Whatever may be the cause of the difficulty of respiration, the effect is constant, whether it be dependent on an affection of the thoracic organs or on some other disease, accompanied or not by pain. The observations on which these conclusions depend are divided into two categories. In the first the result only is stated without reference to the cause; the second is devoted to the study of the *modus agendi*, the pulse, temperature, and respiration being accurately noted. Soon after the injection of the morphine the inspirations are notably diminished in number. This is in accordance with the preconceived notions of the effects of opium. The inspirations became deeper as their rapidity diminished. In most of the cases thus treated the respiration was short and sonorous, but in less than fifteen minutes after the injection it became inaudible, and the thorax was seen to expand and contract with great regularity and slowness. The local application of the remedy is much more efficacious than that by the mouth. Injections of atropine are dangerous, and should be abandoned on account of the accidents which they have caused. *(L'Union Médicale* and *Giorn. Veneta di Scienz. Med.: Ibid.)*

USE OF CHLORAL HYDRATE.—Dr. G. Leonardi *(Liguria Med.)* observes that notwithstanding the value of the remedy it can not be denied that it is often misapplied. In London forty-four hundred pounds are consumed annually. The insufficient results hitherto observed are not attributable to the remedy, but to the carelessness of physicians, who, without properly understanding its physiological, therapeutical, and toxicological effects, administer it without distinction in the most different diseases. As yet the indications and contra-indications for its employment have not been clearly set forth. Chloral hydrate acts, first, as an excitant; secondly, as an anæsthetic, especially on the cerebral centers. Its action, usually rapid, depends on its more or less good quality and on the varying individualities. It can be given either by the mouth or rectum; in the former case, mixed with syrup, in tea-spoonful doses, or with water when given in the form of enema. The administration of chloral as a hypnotic is called for in all conditions which require the beneficial effects of recuperating sleep. It is contra-indicated in cardiac debility with valvular lesions; in disorganizations in the mucous membrane of the digestive organs; in advanced diseases of the respiratory organs, etc. The medium dose varies between thirty and seventy-five grains. When given beyond a hundred and twenty grains it acts like a deadly poison. It is an indispensable remedy in the hands of the intelligent physician, but may become a dangerous poison in those of the inexperienced, superficial practitioner. *(Med.-chir. Centralblatt: Ibid.)*

TREATMENT OF HOOPING-COUGH.—Pertussis is one of the diseases for which art has thus far done but little. Many remedies have been suggested, but they have all proved ineffectual. Wilde (*Deutsch. Archiv. f. klin. Med.* B. 14, H. 2) has obtained excellent results from the inhalation of a mixture of chloroform, ether, and turpentine. It is important that the treatment be thoroughly carried out. The patient should always have the mixture at hand, and when the paroxysm commences should pour about a tea-spoonful of it on a folded cloth. This should be held a few inches from the mouth, and the inhalation of the vapor continued till the paroxysm subsides. If properly conducted, this treatment soon cures the disease. The composition of this mixture was for a long time a subject of experiment, but the author at last concluded that the following formula gave the best results: R. Chloroform, 30 grammes; ætheris, 60 grammes; ol. terebinth. rectif., 10 grammes. (*Ugeskrift for Laeger.*, December, 1875: *Ibid.)*

BROMIDE OF POTASSIUM IN AMBLYOPIA.—The quieting effect of bromide of potassium on the centers of reflex movement, its power of moderating the activity of the heart and of lowering the temperature, and its influence on the vessels of the retina have induced A. Quaglin to try its effect in amblyopia from abuse of alcohol and tobacco. He begins the treatment by giving one gramme daily in two hundred grammes of water, gradually increasing the dose till toxic symptoms become manifest. In a few cases the cure was complete; in others the disease was arrested. There were no relapses. He thinks that, since bromide of potassium causes the cerebral vessels to contract, it will also be useful in amblyopia due to neuritis descendens and retinitis from insolation, in rheumatic meningitis, and lead-poisoning. Bromide of iron should be tried in anæmic individuals. (*Annali di Ottalmologia*, Fasc. 2 e 3, 1874: *Ibid.)*

THE ACTUAL CAUTERY: ITS USES AND POWER.—Dr. C. E. Brown-Séquard addressed the Suffolk District Medical Society on this subject. The importance of the actual cautery as a curative agent had never been fully appreciated, and suggested that its employment had been greatly restricted by the very natural objections of patients. In the last century this treatment was vehemently decried, owing to the suffering inflicted, the theory being that the more intense the pain the greater was the effect. It is a fallacy, however, that the influence of counter-irritation is transmitted by the nerves of feeling. Apparently insignificant irritation, devoid of pain, may produce powerful reflex explosions; for instance, worms in the bowels may cause convulsions, epilepsy, paralysis, or even insanity. Certain nerves exist by the irritation of which changes of nutrition may be induced. In guinea-pigs an epileptic attack may be brought on by simply tickling the neck. The human species may be as susceptible as animals. Dr. Brown-Séquard had once ventured to excite epileptic attacks in two male patients, and by that means was led to a mode of treatment by which they were cured. The irritation was not even felt in either instance.

The extent to which the actual cautery may be employed is greatly increased when we realize that the effect is not proportionate to the intensity of the pain, but often the reverse. He had discovered this fact in the years 1848 and 1849, after experimenting in M. Rayer's wards at the Charité Hospital, in Paris, on the different modes of applying the heated iron. He ascertained that the application of an intensely hot metallic cautery in such a way as to cause very little pain was of much more service than any painful counter-irritation, the only novelty in the operation being the almost entire freedom from suffering.

The actual cautery is of great use for that variety of pain in the head which is not of inflammatory nature, but is probably due to congestion of the membranes, especially of the dura mater. The pain is described as a bursting sensation, a mental torpor and dullness, a burning, or at times a cutting, and is common in this country. The places at which the iron should be applied are between the shoulder-blades or on top of the head. The effect is a contraction of the blood-vessels by reflex action. In three cases in which this method was employed the eye was watched, and it was found that the pupil behaved as it does when the cervical sympathetic nerve is galvanized; that is to say, the pupil is invariably dilated; but no change was detected in the temperature of the face and ear with an ordinary thermometer.

The use of the cautery in inflammatory disease of the joints is known to be most beneficial.

There is a morbid state in which the power of the actual cautery is especially great; it is coma. In several cases of apoplectic coma, in some of which the life of the patient was recognized by the stertorous breathing to be in imminent peril, Dr. Brown-Séquard had succeeded in restoring mental activity and re-establishing a normal respiration by applying the heated iron to the head. Some of these patients were manifestly saved from impending death. One of them died two years after having been so saved, and several survived many months.

In chorea the actual cautery may be very useful. He had effected a permanent cure by this method within a week in one case which had resisted all ordinary means of treatment.

In summing up the cases of organic or functional disease in which the actual cautery is of service, Dr. Brown-Séquard mentioned pain in any region, but especially neuralgia; congestion or inflammation of the brain, the spinal cord, the lungs, the heart, and other viscera; serous effusion into the joints, the pericardium, and the pleura; paralysis agitans; neuroses, especially epilepsy.

The rule to be followed in determining the place of application is to choose that part of the skin which is nearest to the pain. In locomotor ataxy the sensation is referred to the periphery; consequently apply the iron there. This rule is not absolute, as has been seen in the remarks about congestions of the head. In locomotor ataxy apply the iron to the lower limbs, at the spot where the pain is felt, or over muscles attacked with cramp. In cases, however, of myelitis or of spinal meningitis associated with congestion or inflammation of the fibrous tissue uniting the vertebræ, the best place of application is over the tender spots of the spine. Graves pointed out many years ago the importance of making counter-irritation on the lower limbs in paraplegia. In Pott's disease, on the contrary, the application should be made close to the vertebræ.

No special instrument need be used. If the poker is resorted to, it should not be applied over a large surface or pressed hard, if it is desired to avoid giving pain. Lines and occasionally points should be made rapidly. The outer layers of the skin are dried up, and fall off after a few days. No sore or scar remains, so that there is no danger of disfiguring the face or any other part. The most convenient instrument is one consisting of a steel or platinum bulb about the shape of an olive, but much smaller. To act safely in a cavity, like the mouth, or on a restricted part of the skin, a very small steel bar or shaft may be used, which when heated is pushed inside a protecting bulb. Before allowing time for the latter to become heated it is applied to the part of the skin or mucous membrane which is to be burned, and the heated shaft pushed down upon the part and immediately withdrawn. This contrivance is so safe that it can be used inside the mouth, about the ear, or on the eyelids in neuralgia. The minimum of pain is obtained with white-heat, because the outer layer of the integument is destroyed immediately, and radiation does not take place beyond it, the dried-up cutaneous tissue serving as a screen.

As regards the frequency of the applications, it necessarily varies greatly. In cases of neuralgia five or six lines are to be made three or four times at intervals of two or three days. A single application is usually sufficient to allay the pain of locomotor ataxy. This treatment must be repeated many times for inflammations or serous effusions, especially when chronic. In neuritis the method may have to be persisted in for years.

Post-partum Convulsions treated by Hypodermic Injection of Chloral.—Dr. Roddick, of the University Lying-in Hospital, treated a female suffering from post-partum convulsions with hypodermic injections of chloral. A solution, in which twenty minims contained seven grains of the salt, was thrown under the skin of the arm. At the moment of exhibition the pulse was 140 and the temperature 100.6, the first injection being made August 1st, at 7:30 A. M.

"A convulsive seizure followed immediately upon the withdrawal of the needle, but this proved to be the last, the total number being sixteen. Notwithstanding the cessation of the convulsions, the injections were continued at intervals of an hour, the amount being subsequently increased to ten grains. At 2:30 P. M. the coma was less profound; she could feel the needle, and tried to remove it, while the eyelids resisted any attempt to separate them. 3:45 P. M.: an injection per rectum of turpentine and castor-oil brought away a small quantity of fecal matter; pulse 160; respiration 30. 5:15 P. M: very restless; ten grains hypodermically. 7:35 P. M.: pulse 140; respiration 24; bowel well relieved by injection.

"August 2d.—7 A. M.: has been regaining consciousness rapidly during the night, and now swallows beef-tea and brandy readily. 3:30 P. M.: very dull and stupid, but will open her eyes when called in a loud voice, and protrude her tongue; no albumen in urine. 11 P. M.: being very restless and slightly delirious, a draught of twenty grains of chloral was given.

"August 3d.—The patient to-day is quite rational, though very feeble and easily excited by noise. The cries of another patient in labor in the neighboring room disturbed her very much. A draught of chloral was again ordered to be given at bed-time.

"August 4th.—There is a marked change for the better to-day, being perfectly quiet and rational; takes abundance of nourishment. There is a hard lump in the cellular tissue of the size of a pigeon's egg where each injection was given, and below the clavicle in the situation of one is a small superficial slough of the size of a ten-cent piece. None of them cause her any pain or uneasiness.

"August 14th.—She is to leave the hospital to-day; and, with the exception of two or three brawny swellings and the remains of the small slough referred to, there is nothing to mark the positions of the injections. She is in perfect health."

INTESTINAL OBSTRUCTION SUCCESSFULLY TREATED BY THE INJECTION OF SODA-WATER INTO THE LARGE INTESTINE.—The patient, a man aged sixty-two years, had an inguinal hernia, which had been reduced after symptoms of incarceration had made their appearance. Some hours later vomiting set in, which soon became fecal in character, and was accompanied by symptoms of collapse. An esophageal catheter was introduced into the rectum to an extent of forty centimeters, and through this the contents of two siphons (the contents of the first in great part escaping) injected into the intestine. Colic of a marked character soon came on, which was followed by the evacuation of stinking fluid matter, and this in turn by hard fecal masses, and after the expiration of two hours the patient was out of danger. Béhier in one and Bouchut in ten cases of intestinal obstruction from impacted masses of fæces employed the same treatment with good success. In all the cases the abdomen swelled on the introduction of the gas, producing colic of intense character, which was soon followed by evacuation of the bowel and consequent relief. (Guyon: *Centralblatt für Chirurgie*, No. 34; from *Journal de Méd. et de Chir. prat.*, 1875.)

PROLAPSUS OF THE RECTUM AND ITS TREATMENT BY THE DOUCHE ON THE ANUS AND PERINÆUM.—In cases of prolapsus of the rectal mucous membrane in children, in which all other means, even the actual cautery, had been used, a cure was effected by reducing the protruded portion and allowing a strong stream of water to play upon the anus and perinæum. The douche was repeated daily. The duration of treatment in the gravest cases was fifty-eight days, and relapses did not occur. In the case of an adult, who suffered from prolapsus recti with hemorrhoids, forty-eight sittings sufficed for a cure. (De Saint-Germain: *Ibid.*)

CHLORAL AND BROMIDE OF POTASSIUM IN ENEMA IN DISEASES OF WOMEN.—Dr. G. de G. Griffith advises the administration of chloral and bromide of potassium in enema, as nausea and the burning or disagreeable taste is thus obviated, and the gastric nerves are not affected. An irritating sensation in the rectum may be avoided by beating up the drug with one or two eggs and adding a little warm milk. He records a case of violent puerperal mania successfully treated with nutrient injections, to which he added a drachm of bromide of potassium and half a drachm of chloral. In a case of gall-stones occurring in the person of a lady whose stomach was so irritable that nothing could be retained, and with whom all other remedies failed, injections of chloral in half-drachm doses were successful. In cases of menstrual pain and sickness, in uterine and ovarian irritation, and in irritable conditions of the rectum, enemata of chloral have been found most efficacious. (British Medical Journal.)

EXTIRPATION OF A MYOMA OF THE BLADDER AFTER THE LATERAL AND HIGH OPERATION FOR LITHOTOMY.—In a boy aged ten years Billroth, after repeated and careful examinations, diagnosed a tumor of the bladder of the size of a man's fist, which had been developed during the previous ten months. In order to remove the tumor the usual lateral incision into the bladder was made, and it was found that it lay on the posterior wall of the bladder. The sectio alta was then made.

the recti muscles cut obliquely at their insertion, and the wound in the bladder enlarged in the same direction. The attachments of the tumor were torn off with the fingers, and the bladder having been moderately inverted, the pedicle of the tumor, which was found to originate in the muscular tissue of the vesical walls, was excised. A drainage-tube was placed in the wound of the bladder, and recovery took place in about four weeks. A microscopic examination of the tumor revealed the characterics of a myoma. (C. Gussenbauer: *Archiv. für Klinische Chirurgie*, 1875; from *Centralblatt für Chirurgie*, No. 28, 1875.)

CHLORAL AS AN ANÆSTHETIC IN LABOR.—In the *Annales de Gynecologie* for May Dr. H. Chouppe has collected a large number of cases, from which he draws several important conclusions. Chloral does not diminish the contractility of uterine muscular fibers, and the suppression of pain is not due to diminution either in the intensity or frequency of the uterine contractions. When inertia, as a cause of prolonged labor, is threatened, chloral generally restores energy to the uterus. Neither infant nor mother are injured by the anæsthesia, and no evil after-effects have been observed. Chloral is especially indicated in tedious labor, in primiparæ, and in the case of nervous and hysterical patients. It should generally be given when the os is fully dilated and the expulsion pains commence; but in exceptional cases, when the patient suffers greatly, it may be given during dilatation. The dose varies from a drachm to a drachm and a half, in two doses, at an interval of half an hour, or in smaller doses at shorter intervals, if we do not desire too rapid an effect. If there is a tendency to vomiting, it may be given by the rectum.

In the *Gazetta Medica Italiana-Lombardia*, February 6th, Dr. Chiarleonli also speaks highly of chloral as a means of diminishing suffering and encouraging vigorous uterine contraction. He affirms that in cases the subjects of albuminuria chloral is indicated, especially in relation to the prevention of convulsions. In some cases it was noticed that when the patient awakened out of the sleep induced by chloral there was an inclination to talkativeness, or even a state approaching to alcoholic intoxication. The following formula was usually employed, freshly prepared: chloral, 6 grammes; syrup, 60; water, 100. Of this a spoonful was given every ten minutes until the effect was produced. When it was considered necessary to give a larger quantity at once four grammes of chloral were dissolved in sixty of water, and administered as an enema, in two portions, with an interval of an hour. (Edinburgh Medical Journal.)

LOCAL ANÆSTHESIA IN CASES OF LABOR.—Dr. Friedlander writes (*Deutsche Klinik*, No. 30, 1874) that, being called to a woman who was suffering intolerable pain in the sacral region, he resorted to an application of chloroform (one part) and ether (two parts), after having vainly tried several other means. He obtained by this means total cessation of all pain until perfect delivery. After having successfully tried the same application in a great many cases, he recommends its employment as an anodyne for the pains of parturition.

Notes and Queries.

Clay, Webster County, Ky., August 30, 1875.

Prof. D. W. Yandell:

Please allow me, as your pupil, to state to you a case I had on the 6th of this month. One Mr. Nall was caught in a thresher, and the entire scrotum torn off, commencing one inch above the penis, then on each side into the groins and about half way between the scrotum and anus, stripping all the integument off the penis. After I got there I castrated according to Erichsen's method. The patient did very well, until the fourth or fifth day, with cold-water dressing (one part of carbolic acid to two hundred parts of water). About this time there appeared some symptoms of gangrene. I then applied warm applications, after which the symptoms subsided. Wound seemed to do well, with the exception of the penis. There has as yet been no integument formed on it. To-day I transplanted some from his arm. Please write soon and give me the necessary advice, and oblige

Yours very respectfully,

W. I. Moore.

P. S. If you wish, I will give you a full history of the case after it gets well.

A State Medical Society in Arkansas.—The Daily Gazette, published at Little Rock, Ark., on the 9th of September contained the following notice, signed by two hundred and six of the leading physicians of the state:

"Experience has demonstrated conclusively that wisely-conducted medical association inures to the development and growth of medical science. We therefore, the undersigned, graduates in medicine, actuated by a desire to bury all the animosities engendered by the errors of the organization of 1870, and to avoid all occasion in the future for discord, and influenced solely by that which we consider most vital to the wants and interests of the profession in this state, do cordially invite all other medical graduates of Arkansas whose diplomas emanate from colleges recognized by the American Medical Association to meet us in mass convention, at Little Rock, on Tuesday, October 12, 1875, for the purpose of organizing a medical society for the state of Arkansas. County societies favorable to the objects contemplated by the convention are solicited to co-operate by delegates selected for that purpose, in the proportion of one delegate to every five members. The representatives of county societies will assume no priority in the convention by virtue of their delegated authority, as it is intended that each physician present shall have an equal voice with all others in forming the organic law, and in organizing a state medical society in accordance therewith."

OBITUARY.—The resident staff of the Louisville City Hospital passed the following resolutions on the death of Dr. John H. Leake:

"Whereas it has pleased an allwise Providence to snatch from us by a terrible dispensation our beloved friend and colleague, Dr. Jno. H. Leake; and whereas we, the resident staff of the Louisville City Hospital, feel that in this we have sustained an irreparable loss, and one that we deeply deplore, be it

"*Resolved,* That we express ourselves as profoundly grieved at this unhappy misfortune, and that we tender our most sincere and heartfelt sympathies to the family and friends of our much-lamented companion.

"*Resolved furthermore,* That a copy of these resolutions be published in the city papers and medical journals of this city, and that the same be sent to the family of the deceased.

"P. H. PENDLETON,
"R. N. TAYLOR,
"L. S. OPPENHEIMER.

"LOUISVILLE, KY., September 24, 1875."

CHOLERA IN THE EAST.—Dr. Cossini, of Damascus, sends to *L'Union Médicale* an account of the outbreak of cholera at Hama, Damascus, and other places in that vicinity. At Hama, a city on the Orontes of from twenty-five to thirty thousand souls, the disease, about the middle of March, first attacked fourteen soldiers of the garrison, of whom thirteen died within a few days. Early in April it invaded the town itself, and during two months and a half there were from fifteen to twenty deaths a day. The fact that for seventy-five days the epidemic was wholly confined to Hama gave rise to the hope that it was engendered by causes wholly local, and that it would spread no further. But at length the villages near Hama, and then a city of eighteen thousand inhabitants, nearly thirty miles distant, were attacked. Meanwhile the garrison at Hama was ordered to Damascus, where it arrived about the 1st of June. On the 13th of June cholera appeared in Damascus, and rapidly spread, so that by the 4th of July it was at its height, and causing one hundred and forty to one hundred and fifty deaths daily. In fact these figures are not large enough, for the Musselmans conceal as far as they can their deaths, and probably the mortality reached at least two hundred each day. Such a panic seized the inhabitants that the streets were crowded with fugitives, many being attacked with the disease and dying on the road. Those who reached Sayta, Beyrout, and Lebanon carried the disease with them, so that almost all of Syria is invaded by cholera. At Damascus the disease is on the decline. How the disease could arise at Hama, an isolated place situated on the borders of the desert, is a mystery. As to treatment, the only remedy that seemed to Dr. Cossini to be of advantage was a mixture of chloroform with the acetate of ammonia. (Boston Medical and Surgical Journal.)

A Heavy Dose of Mercury.—"A few days ago," says the Gilroy (Cal.) Advocate, "Mrs. Anna Babb's little boy drank a pound of quicksilver. The child is less than three years old, and even in California is considered rather young to indulge in so strong a beverage. He found the mercury-bottle in some rubbish in an old trunk while playing, and drank the whole, leaving but a few drops. The physician was sent for, who administered some light remedy. The child gave no other indication of having taken the mercury than drowsiness. The metal did not all leave the stomach for ten days, but he was about all the time, and is now as bright as ever." (Philadelphia Medical Times.)

George James Guthrie, who closed his career as a military surgeon at Waterloo, is thus sketched by Mr. Clarke in his "Recollections of the Medical Profession:" "Shrewd, quick, active, and robust, he was always in good spirits and punctual at his appointments. His head was rather small, but indicative of energy and self-possession. His black piercing eyes were really remarkable. I do not recollect any member of our profession in whom these organs were finer or more characteristic. He was voluble to a fault; he talked as easily as Gratiano, but not 'an infinite deal of nothing.' This fluency tempted him occasionally to say unwise things. One of his remarks of this kind subjected him to much ridicule and annoyance. Guthrie had founded the Western Ophthalmic Hospital, and was of course the chief surgeon. He prided himself much on his skill in performing the operation for cataract. In one of his clinical lectures on this subject he foolishly said that before a man could operate successfully for cataract he must have 'put out a hatful of eyes.' This foolish remark was taken advantage of by the Lancet, and the new hospital was called 'the *blind* manufactory,' greatly to Mr. Guthrie's annoyance."

THE AMERICAN PRACTITIONER.

NOVEMBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A DISCOURSE ON THE LIFE AND CHARACTER OF DR. LEWIS ROGERS.*

BY DAVID W. YANDELL, M. D.

I appear before you on this occasion, in behalf of the medical faculty of the University of Louisville, to pay a tribute due to the memory of one who was personally well known to most of you, and known by fame to you all, as the leading physician of Louisville, and long a distinguished teacher in this institution. I am here to-night to speak to you of the life and character of the late Dr. Lewis Rogers. I engage the more willingly in the task assigned me by my colleagues, because I am persuaded that in the life and character of this great and good physician you will find an example to stimulate and encourage you in the professional life upon which you are about to enter. For whatever may have been the social circumstances which contributed to the early advancement of Dr. Rogers, all who knew him will cheerfully concede that he fairly won all the fame and popular favor he enjoyed by a life of faithful devotion to medicine. Favored he assuredly was by fortune. The son of an eminent, influential physician, who was at the same time a judicious and liberal father, he was carefully trained at every period of his life, and enjoyed all the necessary means for disciplining his mind and storing it with knowledge. Almost as soon as he stepped upon the stage of professional life he found himself in the center of a large family connection, of which he was the pride. With such social advantages he could hardly have failed to get business, but they could not have secured him the exalted reputation to which he attained with his professional brethren. The people are often carried away by an external show of success, but medical men judge of one another by a very different rule, and only the physician of true science and skill commands the respect of physicians in the degree enjoyed by Dr. Rogers; for I need hardly say that, great as was the esteem in which he was held by his patients, it was scarcely equal to that in which he was held by his professional brethren.

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* Delivered before the Medical Class of the University of Louisville on the 4th of October, 1875.

On another account it is fitting that the opening of the first course of lectures in this school after the death of Dr. Rogers should be commemorated by a memorial of his life and professional services. His name has not only been connected with this school, but has been associated with Kentucky medicine almost from its beginning. His father, Dr. Coleman Rogers, a noted physician and surgeon of his day, was the associate of its pioneer physicians, and connected with all the earlier enterprises relating to medical education in the state. The private pupil of Brown and of Caldwell, the partner of McDowell in practice, he was the colleague of Dudley, Richardson, and Drake, and his name appears among the founders of the first medical schools in the West.

Dr. Coleman Rogers was in every respect a man of mark. In person he was large and commanding, and his character was most pronounced. For more than half a century he firmly held his way among the eminent physicians of Kentucky, thirty years of which time he was one of the medical lights of this city. He was born in Culpeper County, Va., on the 6th of March, 1781, but was brought by his father when only six years of age to Fayette County, in this state, within a few miles of Lexington. He was the seventh of twelve children, eleven of whom were boys; and, though he was six feet two inches in height and weighed one hundred and eighty pounds, was the smallest member of his father's family.

All that is known of his early education is that he became master of his own language, writing and speaking it with uncommon correctness, and that he acquired some familiarity with the Latin, so that he was deemed qualified to enter upon the study of medicine at a day when a preliminary education was much more insisted upon than now. He was the neighbor and school-fellow of Richardson and Dudley, and was educated in the same schools in which Wickliffe, Fishback, Rowan, and Grundy were trained for their professions. At the age of twenty-one he entered upon the study of medicine at Lexington, under the direction of Dr. Samuel Brown, the first professor of medicine in Transylvania University. He was most fortunate in the choice of an instructor. Brown was then a young physician just returned from Edinburgh, full of his profession and of the idea of teaching medicine. He was highly gifted in mind and person, well educated, a splendid talker, humorous, and genial. Already he had set on foot a medical department in Transylvania University, and had delivered some lectures on chemistry. In him were united all the qualities that go to form a successful teacher, and he had the happy faculty of inspiring his pupils with a taste for medicine. From the office of this accomplished teacher young Rogers went to Philadelphia in the autumn of 1803 to attend lectures in the University of Pennsylvania. He carried letters from his preceptor to Dr. Rush, at that day, as to the close of his life, the great American teacher of medicine, and to Dr. Charles Caldwell, then rising to distinction as a private medical teacher. He seems to have been specially captivated by Caldwell, and became his private pupil, remaining eighteen months under his direction.

Caldwell indeed at that time had no equal in our country outside of the schools as a lecturer on medicine. With his eyes fixed on the highest places in his profession, he was vigorously fighting his way upward, regardless of odds. Before he obtained his doctor's degree he had quarreled with his old master, Rush, and was now making open war upon his cherished theories. In debate, in set speech, or with his pen he was equally at home, and in all a man of great intellectual power. His assaults upon the doctrines taught by Rush had rendered him obnoxious to most of the students of the university, but Rogers and other private pupils took sides with him. The excitement in the end reached such a point that Caldwell was in danger of being insulted whenever he came into the presence of the class. One day, not long after he had delivered an address in which he was particularly severe on Rush's theory of life, he went to the lecture-room of Dr. Coxe to witness some chemical experiments. Taking his stand on one of the back and loftiest seats in the amphitheater, he remained standing till the lecture was over, when he was recognized by the class. Dr. Coxe, as Dr. Caldwell relates, had, as usual, been unsuccessful in his experiments, and no sooner was the lecture concluded than there arose a loud hiss, which was continued a few seconds, and was once or twice repeated. Dr. Caldwell believed at first that the mark of disrespect was designed for Dr. Coxe, and the professor, being for a time of the same opinion, was not a little disconcerted by the rude behavior of the students. But soon some one exclaimed, "Caldwell! It is Caldwell that is hissed!" The conclusion of the adventure, in which Rogers bore a part, I will give you in Dr. Caldwell's own peculiar phraseology.

"I advanced," he goes on to relate, "into a more conspicuous part of the room, and, with a menacing action of my arms toward the place from which the sound had reached me, exclaimed in a calm and contemptuous voice, 'I know of but three sorts of vermin that vent their spleen by hissing — an enraged cat, a viper, and a goose — and I knew not till now that either of these infested this room.' On this, from the same quarter, came the cry, 'Turn him out! Turn him out!' And there was immediately around me a party of my own pupils, chiefly from the states of Georgia and Kentucky, and who, apprehensive that I might be assaulted, requested me to accompany them out of the room, and they would protect me. My immediate reply, calm and courteous, but as positive as words could make it, was, 'I thank you, gentlemen, for your proffered kindness, but I do not need it. I can protect myself.' Raising then my voice so as to be heard throughout the room, I added, 'From this spot I will not move until those insolent fellows shall have left the room, unless they remain in it (looking at my watch) until twelve o'clock, at which time I must leave it myself to make good an engagement. And should any one of them have the audacity to approach me as an assailant, he shall have abundant cause to remember his impudence and deplore his rashness until the end of his life, which may perhaps be nearer at hand than he is prepared to imagine, for I will precipitate him to the bottom of this pit, and determine by experiment which is the thicker and harder, his brain-pan or that brick-floor.'" *

This rough schooling was not exactly the character of

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* Caldwell's Autobiography, page 294.

tuition in search of which the Kentucky student had repaired to Philadelphia, but at the same time it was not entirely wasted upon the young backwoodsman. In subsequent life on the frontier, in his harsh encounters with colleagues in medical schools and rivals in the practice of physic, all the lessons of forbearance he had learned as a student were put in requisition. It is the testimony of his preceptor and fellow-students that he made the best use of his time. He became a great favorite with Dr. Caldwell, and the cordial understanding was maintained until both had grown to be old men. After remaining eighteen months in the university, during which time he attended two full courses of lectures, he was compelled to return home without a diploma. The railway speed with which degrees are conferred in our day had not then been attained by the medical schools, but students were obliged to hasten slowly toward the goal of their ambition. The old mother of American medical schools was at that time so nearly without a competitor that she could make very much her own terms with those who sought her honors. Students then, as now, were required to study three years before applying for a degree, two of which must be in connection with the university. The candidate then had to undergo a private examination before the faculty, and, if satisfactory, a second examination before the faculty in presence of the trustees; and finally, before he got his diploma, he was required to write a thesis to be printed at his own expense and publicly defended at the annual commencement.

Rogers at the close of his second course of lectures lacked still six months of the two years required; but, worse than this, his money was now exhausted, and he could not afford the expense of the six months' board in addition to that of printing his thesis, and so he was forced to turn his face homeward. This he did with some natural feelings of disappointment, but not in the least discomfited, as he might have been had his case been a peculiar one. But it was in no wise solitary, for at that time the exception with students of medicine in the West was to obtain diplomas, the rule being to commence business without them. Rogers was able without his to form a most eligible business connection on his return home. He fixed his home at Danville, in a wealthy, refined neighborhood, and was taken into partnership by Dr. Ephraim McDowell, who had been the classmate of his preceptor, Brown, in Edinburgh. McDowell was then just entering upon that career in operative surgery which has since rendered his name illustrious. He had already acquired reputation as a surgeon and had a large general practice, so that Rogers was at once inducted into a lucrative business. Soon after the partnership was formed they found it advisable to open an office at Stanford, in the adjoining county of Lincoln, where Rogers attended, on appointed days in the week, to meet those seeking their services.

"On the 3d of November, 1805, having after a five-months' trial become sufficiently well established in the practice to feel secure of support, he married Miss Jane Farrar, who lived to share his fortunes and lighten his cares until their children, six in number, were all grown." *

Lexington was at that time popularly styled the "Athens of the West." It was then the literary as well as the commercial emporium of all the country west of the Alleghany Mountains. It had drawn to it a most cultivated and elegant society. Its university, which had been founded almost as early as the limits of the city were marked out, was rising into repute, and in all respects Lexington was the point of all others in Kentucky most attractive to an aspiring young physician. In 1810 Dr. Rogers removed with his young family into the neighborhood of this flourishing town, where already a movement had been made toward the organization of a medical school. In 1816 he returned to Philadelphia and attended a third course of lectures, with reference to

* Prof. Bullitt's address on the life and character of Dr. Coleman Rogers.

becoming a medical teacher. At the public commencement the degree of M. D. was conferred upon him, and when a medical faculty was organized in Transylvania University, the same year, he was appointed adjunct professor of anatomy. This organization, besides Rogers, embraced the names of Drake, Dudley, Richardson, Blythe, and Overton. Nature pointed to Rogers as a medical teacher, and the advantages of a commanding person and a fine address had been enhanced by a very careful medical education. To all observers he must have looked the peer, and in many respects was undoubtedly the superior, of his colleagues, some of whom have since risen to such distinction in the world. In the twelve years of practice he had acquired considerable experience in surgery, and anatomy he had made a special study.

The auspices under which the school was about to commence appeared flattering, and a bright career seemed to be opening before it. His colleagues, though untried as teachers, were young men of energy and promise, and they had the wide empire of the West all to themselves. What were the difficulties in his way that after a brief experiment made him withdraw from the enterprise I have no definite knowledge; but it is known that from the start his relations with one of the professors were not cordial. He was displeased with the arrangement which assigned the two important chairs of anatomy and surgery to Dr. Dudley. It was his conviction that either one ought to satisfy the ambition of one man, and was quite as much as one man should aspire to teach. Nor was this the only trouble in the way of the school. Subjects for dissection were procured with difficulty, and the professor of anatomy felt it necessary on that account to discourage dissections. There was therefore but little for the adjunct professor of anatomy to do. Finding himself thus overshadowed by his chief, whose brilliant achievements in surgery had given him the start of all his competitors, Dr. Rogers soon relinquished an office which seemed to him but little more than a barren scepter, and in the autumn of 1817 removed to Cincinnati.

After a single session of the young school the whole faculty was dissolved, the professors parting from each other in the worst temper. Dr. Drake, who had written to Rogers in Philadelphia, a year before, that he had serious thoughts of making Lexington his future home, returned disgusted to Cincinnati, and went earnestly to work to procure a charter for a medical college in that city. He had written frequently to Rogers on the subject, enlarging upon the advantages of Cincinnati over Lexington as a site for a medical school. Their acquaintance had impressed Drake most favorably with his aptitude for teaching, and he was urgent with him to accept a place in the college he was laboring to establish. His flattering representations prevailed, and the name of Coleman Rogers appears, with that of Samuel Brown and Daniel Drake, as one of the corporators of the Ohio Medical College. Drake by the act of incorporation was professor of theory and practice and president of the faculty; Rogers was made vice-president and professor of surgery. By a most unwise provision in the charter the faculty was invested with authority to appoint and remove professors and order generally the affairs of the institution. The college thus organized went into operation in the fall of 1820, a year after Transylvania had been reorganized with Caldwell and Brown in its faculty, Brown having decided finally to return to the scene of his early triumphs rather than take a place in the school at Cincinnati.

Rogers before removing to Cincinnati had been invited by his friend Drake to unite with him as a partner in the practice of physic. In every way this union seemed a fitting one. Rogers was aspiring to surgical practice; Drake was seeking distinction as a general practitioner. Rogers was a practical man; Drake was a writer and an originator. Each was in some sort complemental of the other, and their association in practice and in the school promised good results. Rogers appeared at last to have an open field before him, with every circumstance favorable to success; but, as at Lexington, clouds soon gathered over his bright prospects. He found it impossible for some reason to get on harmoniously with his able colleague and partner, and after a single course threw up his appointment in the school. The quarrel, which grew bitter between these old friends and was never composed, proved fatal to the early success of the Ohio Medical College. Drake, after parting with his most efficient colleague, soon found himself involved in controversies with the remaining professors, that resulted at last in his ejection from the institution which owed its existence to his efforts.

This remarkable man, who once said of himself that "he had been elected to more professorships and expelled oftener than any other American physician," was endowed beyond most of the men who have adorned the medical profession of America. He was a writer, a lecturer, and a thinker of the highest order. In no instance during his eventful life, I believe I may affirm, did he ever measure arms in debate with any disputant and leave the arena worsted. He was instinct with the enthusiasm of genius, and all his thoughts during the greater period of his life turned upon teaching medicine. His complaint in his later years was that medical schools had consumed him. To establish a great school of medicine at Cincinnati was the darling project of his ambition. The vision of his early enterprise never forsook him. It haunted him in Philadelphia, when he crossed the mountains to give lectures in the Jefferson Medical College; and when lecturing to crowded classes in the University of Louisville he saw it still before him, as he said, beckoning him back to the theater of his earliest endeavors. But after he and Rogers parted company things in the faculty grew worse and worse. Of his remaining colleagues neither was his friend, and in their hands was the government of the school. It was with them to say who should remain in it and who should retire. Elijah Slack and Jesse Smith, the professors of chemistry and surgery, were masters of the situation, and they were tired of Dr. Drake. So in the spring of 1822, at the close of the second session of the school, a faculty-meeting was called by the president, at their instance, and the three met in all due form and proceeded to business. It was moved by Professor Smith that Daniel Drake, M. D., professor of the theory and practice of medicine in the Ohio Medical College, and president of the faculty, be expelled from office. Prof. Slack seconded the motion. There being no division of sentiment, there was no opening for debate, and the question was formally put by the president. There were two votes in the affirmative. The chair could not vote except in case of a tie. The president therefore announced that Dr. Drake was unanimously expelled; and Prof. Slack, taking up the only candle that lighted up this extraordinary scene, politely bowed the extruded officer down the dark stairway, out into the streets.

Dr. Rogers was pursuing his profession in Cincinnati while these events were progressing in the Ohio Medical College, a deeply-interested spectator, but, after his quarrel with Dr. Drake, with no disposition to check or change their course.

In the spring of 1823 he removed to this city. Louisville the summer and autumn before had been ravaged by a bilious fever, which in point of severity rivaled the fevers of our southern seaboard. Nearly the whole population suffered from the pestilence, and at times there were not enough citizens in health to wait upon the sick. The town at that period was dotted over by ponds, and large accumulations of stagnant water defaced all its suburbs. Annually it was visited by remittent as well as intermittent fevers, but this year the fever assumed a peculiarly malignant type. Among those who fell victims to the disease were several physicians, and the succeeding summer proving sickly, Dr. Rogers soon found himself in the midst of a laborious business, which never slackened while he was able to pursue it. "His success here enabled him to rear and educate in the most liberal manner one son and five daughters, and accumulate enough to give them all some patrimony; and this he accomplished without denying himself or family any of the comforts or rational enjoyments of life." *

From the first he took a deep interest in the Marine Hospital, finding time in the midst of his laborious business to discharge the duties of one of its surgeons. His connection with the hospital forced on his mind the superior facilities of Louisville over any other point in the state for imparting medical instruction; and in 1832, in conjunction with the late Professor Powell and some other medical men of the city, he procured a charter for a medical school, under the title of the Louisville Medical Institute. The chair assigned to him was anatomy, not from any choice of his own, for he would doubtless have preferred that of surgery, but to make room for Dr. Alban G. Smith, who was aspiring to distinction as a surgeon. He had, however, kept up his acquaintance with anatomy from the time of his first appointment at Lexington, and was well qualified for the duties of that department; but there was no call upon him for a display of his abilities as a teacher. The Medical Institute had no existence for several years, except on paper, and yet it was by no means inoperative. The announcement had the effect of calling forth from Dr. Caldwell, of the Transylvania school, a powerful pamphlet on the "Impolicy of multiplying Schools of Medicine in Kentucky," and no doubt it also hastened the decision of the Lexington professors to come with their school to Louisville. In the end the attempt was made to transfer the medical department of Transylvania to this city, but the effort resulted not only in failure but in a dissolution of the faculty. As a result of the controversy

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* Prof. Bullitt's address on the life and character of Dr. Coleman Rogers.

ensuing the citizens of Louisville became deeply interested in the establishment of a medical school, and a munificent appropriation was made to the Medical Institute.

It was deemed advisable, after this important step had been taken, to reorganize its faculty, and in consequence all its professors resigned. Dr. Caldwell, who had been actively instrumental in securing the liberal endowment voted by the citizens, and had the confidence of the trustees, was elected to the chair of medical institutes. In a short time Dr. Henry Miller, by his advice, was elected professor of obstetrics. Dr. Rogers was displeased at the course of his old preceptor and friend, feeling that his claims had not been duly respected. He was much the senior of all the original professors in the institute, and was certainly behind none in point of professional reputation. It was therefore natural that he should take some offense at the apparent oversight of his claims. He was in fact so deeply offended that when Caldwell at last proposed to him to take the chair of surgery he refused, nor could he afterward be prevailed upon to accept it. "You have a bad leader," he was in the habit of saying to the junior professors of the institute; "Caldwell *will* lead, but he is a bad leader."

The failure to secure his services was undoubtedly unfortunate for the projected school. Rogers would have made an impressive, popular teacher. His large experience and thorough knowledge of surgery would have given value and force to his lectures. His connection with the institute would have strengthened it with the profession of Louisville, and might have averted contests, growing out of the election of a professor of surgery, the baleful effects of which outlasted its first generation of teachers. Other reasons probably conspired with the one given to bring him to his decision, which, however, was final; but he lived to see his son an honored professor in the school to which he gave the first impulse.

The mind of Dr. Coleman Rogers was robust, like his body, and by organization he was bold, frank, and manly. His manner was independent, incisive, sometimes abrupt, suggesting the idea of a temper somewhat imperious and intolerant of opposition. In the sick-room he asserted the utmost prerogative of his profession, and was autocratic both in his way of issuing orders and of administering rebuke when a patient or nurse ventured to contravene his authority. Quick to resent offenses against himself or his profession, he was most scrupulous in the observance of every duty relating to his professional brethren or to society. He died in this city, on the 16th of February, 1855, in his seventy-fifth year.

Dr. Lewis Rogers inherited all his father's virtues, and enhanced the great reptution to which he succeeded. In person he was not so commanding as his father, but he had an address better suited to the sick-room. With all his father's firmness of purpose, he had much more than his father's suavity of manner and all his devotion to his profession. He was born near Lexington, Ky., on the 22d day of October, 1812. His scholastic opportunities were the best, and he made the best use of them. Coming to Louisville when eleven years old, he was inducted at that early age into the profession which he was to pursue by being in his father's shop and present at nearly all his operations. Hardly a day passed without his seeing something in the practice of physic or surgery. Even when a boy he rarely missed a surgical operation or a *post-mortem* examination if he could possibly witness it, and as he grew older his long winter evenings, when he could spare the time from his studies, were spent with his father and his friend, Dr. John P. Harrison, in their dissecting-rooms.

In October, 1829, he was sent to Transylvania University, at that time under the presidency of Dr. Alvin Wood. In 1831, in his senior year, he went to Georgetown to a well-organized Baptist college, for the special purpose of studying the French language under an accomplished teacher. At the close of the first session in this college he took the degree of Bachelor of Arts, and about the same time he returned to Transylvania by invitation of the president, delivered the salutatory address in Latin, and was admitted to the same degree in that institution. In the fall of 1831 he entered regularly upon the study of medicine with his father. The succeeding summer Louisville was visited by epidemic cholera, and he saw much of the pestilence in its progress as well as in its results, availing himself of every opportunity of observing the disease as well as of examining the bodies of its victims after death. In the fall of 1833 he repaired to Transylvania University to attend lectures in its medical department. On his return home in the spring he was appointed resident physician to the city work- and poor-house. Among the inmates of this institution were many patients afflicted with delirium tremens. This disease he made a special study, noting carefully its phenomena during the life of its subjects and after their death, and the results of his observations he embodied in his inaugural thesis. Having devoted four years to the study of medicine under his father and some of the best teachers in Kentucky, he in 1835 entered the University of Pennsylvania, and was graduated Doctor of Medicine the following spring. Returning at once to Louisville, he engaged, in April, in the practice in an office with his father. At first he preferred to come before the public on his own independent claims; but finding after a few months that he was called to attend to much of his father's business as well as his own, a partnership was formed, which continued for many years.

On the organization of the Louisville Medical Institute, the year after he took his degree, he was appointed by Dr. Caldwell his clinical assistant. In that capacity he rendered himself eminently useful, and won the admiration of the class by his skill as a diagnostician and his knowledge of therapeutics. It was his business, as assistant, to make a selection of the cases in the hospital for the professor of clinical medicine, to diagnose the disease, and write out a history of the case. This he did with an accuracy and a fullness that left the professor very little to do but deliver the lecture. When Dr. Drake was elected professor of clinical medicine in the school it was his wish to continue Dr. Rogers in the office for which he had exhibited so rare an aptitude, but his health had unfortunately failed, and for several years he was not equal to the required labor.

He was married on the 29th of January, 1839, to Miss Mary Eliza Thruston. The father of this estimable lady was a lawyer of brilliant talents, and of an eloquence that gave him a great ascendency over the people and made him for many years a leading politician in the state. Her mother, the daughter of the Hon. Fortunatus Cosby, was a lady of rare intelligence as well as personal beauty, and belonged to the largest and one of the oldest and most influential families of Louisville.

From the first organization of the Louisville Medical Institute Dr. Rogers had taken a deep interest in the school, not only as a project of his father's, but as the beginning of what he was convinced would grow into a great institution. He gave his time and influence to its advancement until his health compelled him to abstain from all unnecessary labor; but all the time his ardor was in some degree chilled by what he looked upon as a fatal flaw in its organization. He had conceived early and strong prejudices against the theory and practice of Prof. Cooke, whose lectures he had attended while a student in Transylvania. All the instruction he received in the office of his father, as well as all that he heard from his teachers in Philadelphia, had strengthened those prejudices. It was less the congestion theory of this once most influential teacher than his profuse employment of calomel that excited the opposition of Dr. Rogers. Dr. Cooke was a man so sincere, so thoroughly upright, so perfectly convinced of the soundness of his views, and withal was master of a logic so persuasive, that he carried his students with him, and his heroic practice was becoming the practice of the country. His use of mercury, lavish beyond any thing hitherto known in the practice of medicine, was in no wise empirical. On the contrary, his practice was based on the most carefully-considered principles. Congestion of the *vena cava*, he had persuaded himself, is the *fons et origo* of most of the disorders our flesh is heir to, and he looked on calomel as the only reliable remedy for removing the congestion by its action on the liver. He administered the remedy in doses required by the character of the obstruction. If small quantities sufficed, he stopped with small doses; but if more was necessary, he administered it by the scruple, by the drachm, by the ounce. So that in 1833, while cholera was raging in Lexington, he announced that he had given more than two pounds to one patient in that disease. Against a theory so mechanical as this appeared to him to be, and a practice fraught with such danger as he saw in it, Dr. Rogers felt in conscience bound to raise his voice, and on this account he seemed for a time less cordial than he really felt toward the school.

In 1844 Prof. Cooke, against whose system the opinions of medical men had every where become generally arrayed, resigned his chair and retired with dignity to private life, carrying with him the respect and admiration of the profession and of the community for his learning and talents, and, above all, for his integrity and devotion to principle.

In 1849 many changes were made in the faculty of the medical institute, which had now become the medical department of the University of Louisville, and Dr. Rogers, having reached the head of his profession in the city, was selected by the trustees to fill one of the vacant chairs. He succeeded Dr. Short in the professorship of materia medica and therapeutics. That learned and accomplished teacher, who had contributed his full share to the success of the university, had begun to be weary of the turmoil of medical schools. He had been in Transylvania during its brightest period, and left it in 1838 on account of its troubles. He had seen the University of Louisville established on a secure basis and attracting the largest classes that had assembled in any medical school in the West, and was well disposed to retire to his elegant villa. Years and fortune had brought him all the goods that this world has to give, and he betook himself to his retreat with a fame as unsullied as was ever borne to the grave. Dr. Rogers fully sustained the dignity of a chair which had been filled with so much ability. He took high rank at once in a faculty composed of able and experienced teachers. The cast of his lectures was found to be solid and philosophical. He was, I think, the most practical of all the scientific teachers and the most scientific of all the practical teachers of medicine I have known in our country. In this respect he reminded me always of Trousseau. He had the art possessed by the great French clinician of bringing the light of medical science to bear upon and illustrate his clinical observations. He was furnished with the science of Drake, and had enjoyed much more than his clinical experience. He had much of the medical learning of Dunglison, with a practical knowledge of disease and therapeutics to which the great lexicographer could lay no claims.

Some years later, when Prof. Austin Flint resigned his professorship in the University of Louisville, Dr. Rogers was transferred to the chair of theory and practice. The change imposed but little additional labor upon him. His large experience and ample professional learning, ripened by the years of practice he had had as a teacher, made it easy for him to deliver a matured course on the broader subject.

Finally, when the chairs in the university were again recast, in 1867, and the trustees did me the honor to place me in that of theory and practice, Dr. Rogers was restored to the professorship in which he commenced his career as a public teacher. He delivered a course on materia medica and therapeutics during the winter of 1867–8, and at the close of the course sent in his resignation. His constitution was not equal to the strain imposed upon it by his laborious practice and his duties in the university. His eyes especially had failed him. He could no longer use them at night, and they pained him during the day. For their relief it became necessary to have the operation of iridectomy performed, which, by my advice, was done by Dr. Agnew, of New York. I accompanied Dr. Rogers when he visited that distinguished ophthalmologist. The operation, which was done by Prof. Agnew in his best style, was perfectly successful.

Dr. Rogers was taught early in life that he must work. The lesson was not lost on him. A former classmate at college, a gentleman who has since attained to well-deserved distinction as a jurist, Judge Duval, said to me a short time since, "Rogers was the most laborious student I ever knew." He was certainly the most steadfast worker I have ever known. With a frail physique—indeed for most of his life a valetudinarian—he managed to perform an amount of labor which was simply prodigious. For long periods of time at a stretch he would give twelve, fifteen, and eighteen hours out of the twenty-four to his business. He retired late and rose early, and lost no time during his working-hours. We were sitting once, the last night of the year, in a sick-room. The object of our solicitude was a young mother, whose life seemed as if it might go out with the dying year. The occasion was a solemn one, and the conversation naturally took a serious turn. The old year had but a few moments more to run. Dr. Rogers remarked, "I believe I can say that I have not lost a single day in the year that is going, and I am going to try not to lose an hour in the one on which we are about to enter." The new year was rung in, and fled like its predecessor. At its close Dr. Rogers and I sat by the bedside of the child who had imperiled the life of its mother a twelvemonth before. The coincidence of time and place was calculated to impart soberness to our thoughts. The conversation of the year before came back to us when Dr. Rogers, after passing some moments apparently in deep reverie, leaned forward in his chair, and in his most impressive way said, "Doctor, I have lived up to my resolution; I have not lost an hour this whole year." I believe he might have said this of many years of his life.

Dr. Rogers possessed an uncommon memory. He never found it necessary to carry in his pocket any helps to this faculty. He had no "visiting-list," and, though his daily calls were always numerous, he never forgot a patient nor failed to keep an appointment. I have known him often to fix a visit for a week away, and yet he was sure to be on the spot to the minute. It was my great good fortune some years back to have his ministrations in a protracted case of typhoid fever in my own person. He visited me, during nine weary and perilous weeks, twice and sometimes thrice daily, and never was he once as much as five minutes behind the hour of the promised call. His promptness and punctuality were proverbial. Notwithstanding he commanded for more than forty years the largest general practice ever done by one man in this city, he found time to answer every professional call. He once remarked to me that he did not remember ever to have turned away a call for the want of time to attend to it.

Dr. Rogers was best known as a general practitioner of medicine, but he was a strong man in both the other great departments of our calling. As a practitioner of obstetric medicine he ranked alongside of Miller, and even in surgical matters his great reading, varied experience, and unsurpassed powers of observation made his opinions of exceeding value. Indeed, for my part, for many years I had come to esteem his views, whether in medicine, obstetrics, or surgery, as well-nigh final.

He possessed every mental attribute necessary to make the great diagnostician. He was endowed with unsurpassed powers of observation, and these he had cultivated to the last degree. His reasoning faculties were of the best. He was eminently logical. He was a man of much learning. His memory never failed him, and his experience was vast. Withal he was patient, painstaking, thorough, exhaustive.

As a practitioner he was cautious, yet on occasion conspicuously bold. His courage under danger was superb. He had a deep and well-grounded faith in the resources of his art, and of them he was a consummate master.

It was said of a celebrated English physician "that he never lost a family in which he had lost a patient." The same was literally true of Dr. Rogers. The confidence of his patients in him was unbounded. He was sought after and admired by the rich, idolized by the humbler classes, beloved by all.

For more than a quarter of a century he was the leading consulting physician of this city, and he deserved to be. His reputation, his knowledge, his sagacity, his prudence, his respectful consideration for junior practitioners, united to a suavity which attracted and a gentleness which captivated all who came within its influence, made him the great counselor of the profession in Louisville. Like some of the heroes told of in Homer, he has left a void which can not be filled, an armor which none can wear.

The laborious practice in which he was engrossed, almost from the beginning to the close of his professional life, left him with no leisure for authorship. He read much, notwithstanding the pressure upon his time. It was his habit to carry some medical author or periodical with him, and read in his carriage as he was driven from the house of one patient to that of another; but it is much to be regretted that he has placed on record so small a part of his valuable experience. It was a regret which he often expressed himself that he had not early in life formed the habit of taking notes of all his cases. Had he done so it would have been easy for him, from the immense mass of materials which would have accumulated on his hands, to have written with profit to the profession as well as to his own reputation. The few contributions which he made to the periodical press are characterized by sound judgment, careful observation, and good taste. His style was simple, clear, precise, as befitted the practical subjects upon which he wrote. Whenever he consented to give a paper to the press it was in the belief that he had something valuable to say, and his papers always arrested attention. Though not among the noted writers of our country, his reputation was co-extensive with its limits, and he had a name among our first practitioners of medicine.

In the summer of 1851 I was first called to see Dr. R. professionally, and from that time until the close of his life it was my privilege to be his medical adviser. On the occasion referred to he had taken alarm at the movements of his heart, which had become irregular and intermittent. I saw him in the night. He was suffering from a paroxysm of palpitation induced by overwork and perhaps by indulgence in the use of tobacco. After a careful examination of the disturbed organ I was able to assure him that the trouble was functional, not organic; and though the affection continued occasionally to annoy him for the remainder of his life, it contributed in no wise to his end.

When the American Medical Association met here in May last he was confined by his final illness to his room. His former colleague, Dr. Austin Flint, hurried to see him as soon as he reached the city, and strove to cheer him by a hopeful view of his case. This old friend furthermore, at one of its early sessions, brought his name before the association in these terms:

"During the present meeting of this association we have missed the familiar face and the active co-operation of one of the most distinguished members of our profession in the city of Louisville, Dr. Lewis Rogers. He is ill, and has been so for some months. Under these circumstances it seems proper that the association should express a tribute of respect to and sympathy for our worthy colleague. I therefore offer the following resolution:

"*Resolved*, That the American Medical Association tender to Dr. Lewis Rogers regret for the illness that has deprived the association of his presence and aid in the proceedings, and our hope that the profession and the community may again be blessed by his return to the enjoyment of health.

Dr. Rogers was one of the few physicians of prominence whose entire professional life was passed almost without a personal or professional quarrel. He was eminently a man of peace; and then his incessant occupation kept him out of the way of medical gossip and scandal. He lived in a higher and purer atmosphere than that which surrounds the idlers, who are also usually the mischief-makers, in our ranks. What of his time was not occupied with professional engagements was spent with his books or with his family. On one occasion, when he had been assailed in a medical print, he remarked, "What an unhappy creature Dr. —— must be! How unfortunate to have such a temper!" but deigned no other notice of the attack or of its author.

His whole mind and heart were engaged in his calling, and, as he viewed it, there was none more lofty among men. He sank all personal considerations in the discharge of what he deemed were its obligations. When asked on one occasion if he would meet in consultation a certain physician who had done him a gratuitous wrong, and to whom he had ceased speaking, he replied, "I never allow my personal feelings to enter into my business. If my services are desired, I will meet any respectable practitioner, whether I am on terms with him or not."

In the last twelve years of his life Dr. Rogers made three voyages to Europe, each time with marked benefit to his health; but the time finally came when neither travel nor rest brought relief to his overwrought frame. Toward the close of 1874, after a season of very trying work, we were both called to a neighboring town to see its leading citizen. On our way he directed my attention to a slight and what I thought at the time an insignificant enlargement of one of the ribs on his right side, and asked me if I had ever seen cancer of any internal organ show itself first as a periosteal tumor. I answered him that I had not. He then added that when he first met Prof. Stokes that renowned physician had stated it as his experience that malignant disease of the viscera not unfrequently gave the earliest notice of its presence by an enlargement upon some neighboring bone. The subject being new to him at the time, as it then was to me, he had made a note of the conversation of the great Dublin practitioner, and he promised me he would look it up on our return home. He never did so; but a fixed uneasiness over the region of his liver, coupled with the statement of Prof. Stokes and the enlargement of the rib referred to, awakened in his mind the gloomiest forebodings. He continued, however, to attend to calls until the 13th day of March, when he paid his last visit, and was never again seen on the streets.

He was, as I have intimated, the first to detect the real and consequently hopeless nature of his disease. Certainly before any of us who were in attendance upon him had allowed ourselves to believe that it was of so serious a character he announced his belief that it was malignant disease of the liver, and he did so with the calmness with which he would have expressed an opinion in the case of one of his patients. As his fatal malady went on he watched its ravages from day to day with the same scientific scrutiny with which he noted the progress of disease in others. Death indeed had no terrors for him. He often declared to his friends that the months during which he had been confined to his sick-chamber had been the happiest of his life; for until then, he said, he had no conception of the love and devotion of his wife and children to him; he had never taken time to enjoy the society of his family; and he looked forward to the untried hereafter with a serenity that was wonderful. His end was one of ineffable peace. Nor was this perfect composure, in view of the great change, the stolid indifference with which men are often seen to meet death when their faculties have been blunted and stupefied by disease. Far from it. His intellect remained clear and his sensibilities were tender to the last. He calmly surveyed all his surroundings, and was able peacefully to resign his soul into the keeping of him whom he had sought to honor by a life devoted to the service of his afflicted fellow-men. "Tell my dear friend," he said to the servant of a lady who had sent him some flowers, "that I am going down into the dark valley very surely, but very sweetly." His religious creed was a brief and simple one—"Fear God, and do your duty to the sick"—and in its fulfillment his whole mind and soul had been steadily engaged.

The Rev. J. H. Heywood, in a touching sermon preached the evening after the death of Dr. Rogers, alludes to the religious aspect of his character in terms so just and beautiful that I can not forbear to reproduce them in this connection:

"Ten years ago this very month I was in the city of Rome, and there I had the pleasure of meeting a party of friends, most of whom were from Louisville. We were together in that venerable city but two days, for they had arrived before me and had nearly finished their visit. One of the days was Sunday, and at the request of one of those friends I conducted a religious service in one of the rooms of the hotel. At home we were associated directly and indirectly with various churches, but in that far-away city all sectarian divisions were forgotten. We were not then Episcopalians, Methodists, Presbyterians, Baptists, Unitarians; we were Christians, fellow-travelers rejoicing in the thought of a common Father, a common Savior, and the hope of a common heavenly home. The friend who requested me to conduct the services was not formally a member of any church, but a man of beautiful mind, of reverent spirit and tender heart, possessed of all the traits, the gentleness, the skill, the courage, the sympathy which make the trusted and beloved physician. We united in reading the sacred words, in meditation, and in prayer. Our hearts were as one heart.

"The next morning we parted. The good friends went on their way. I remained to see the 'Eternal City,' as pride and reverence and affection term it. Ten years have rolled by. The changes which mark all mortal life have attended them. Two of the number some time since passed on to the spirit world; and to-day, at 9:30 o'clock this morning, went to the land of the dead the respected friend who asked for the religious services in Rome; the honored citizen whose intelligence, integrity, and courteousness commanded esteem and won affection; the beloved physician to whom thousands of the sick and suffering ones have turned with undoubting confidence, whose kindly presence brought comfort and peace to anxious and sorrowing hearts, and whose memory will long remain a precious treasure and a benediction."

As a son Dr. Rogers was reverent and dutiful; as a brother affectionate; as a husband appreciative, thoughtful, and full of love; as a father indulgent, tender, devoted; as a friend faithful; as a citizen upright. He lived a brave, a blameless, stainless life from its beginning to its close. He died, at his house in this city, on the 17th day of June, 1875, in the sixty-third year of his age.

SCLERODERMA.*

BY R. M. ALEXANDER, M. D.

The notes of this case were transcribed from memory. It being an anomalous one, its distinctive features were very deeply impressed upon my mind, and may be regarded as reliable as if taken at the bedside, and essentially as practical.

Mrs. M. S., aged about forty years, came under my charge in the early spring of 1872. She had formerly been under treatment for uterine disease (ulcer of the os and cervix, with displacement), but more particularly for subacute articular and muscular rheumatism, involving, as she alleged, at different times all the joints of both superior and inferior extremities, together with the muscles of the fore-arm and the lower portion of the inferior limbs.

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* Read before the Louisville Academy of Medicine, September 3, 1875, and published by request of the society.

At the time my attention was first particularly directed to the nature of the malady the active and urgent symptoms of the disease had somewhat abated. She complained of general malaise and soreness of the joints of both upper and lower extremities. There was seemingly some enlargement of the small joints, but upon inspection it was attributed to retrocession of the soft parts externally; some of it may have been due to hypertrophy of the connecting media. There was considerable immobility of the smaller joints, precluding the grasping of small articles within the fingers, except with some effort, which was not devoid of pain. The symptom or condition, however, which more particularly attracted my attention was the extreme hardness of the surface of the extremities. I found them upon examination to be seemingly as hard and unyielding as if they had undergone osseous degeneration. I made no thermometrical test, save the test of nature's differential thermometer, which was sufficiently acute to detect a well-marked difference in the temperature of the sclerosed and circumjacent parts. Wherever the sclerosis existed I found the parts very cool indeed to the touch, reminding one of the feel of the cadaver.

Upon examination of the front of the chest I found the same characteristic sclerotic condition of the dermoid tissue as on the extremities. This indurated condition involved at least the lower third of both the lower and upper extremities, and extended over the anterior part of the chest, involving to some extent the mammary glands. The fingers and toes were considerably separated from each other; this was more marked in the fingers than the toes. The coloration of the surface of the extremities was quite a striking feature of the disease. In some places it was of a dusky-gray color, and in others a very pale purple or slightly mottled, and in others yellowish-brown, and looked lifeless. The coloration of the chest was quite different; that presented a shining, glazed appearance, resembling cicatrices. The pigmentary matter seemed to have been absorbed, leaving decolorized spots, which were irregularly crescentic in shape, but presented no uniformity of size or arrangement. I inferred from the statements of the patient that the chest was the radiating point of the disease.

The development of the malady was very gradual. She dated its inception more than a year prior to my first notice of it, and it was yet extending slowly when I lost sight of the case, in November, 1874. The only breach of continuity was a small superficial ulcer situate about midway over the metacarpal bone of the small toe, which would yield slowly to the carbolic acid and olive-oil, but would recur again on slight provocation. The cutaneous sensibility was slightly but not notably impaired; the capillary circulation was sluggish, and required some time to be restored after being arrested by pretty hard pressure. If there was any pitting on pressure, it was so little as hardly to be appreciable. There was very notable diminution of flesh. The adipose and connective tissue was evidently much condensed, as it was impossible to grasp it up in folds as in its normal state. There was not the corresponding ratio of reduction in the muscular tissues that is the usual concomitant in loss of weight. Their features were firm and prominent, and felt as if they too were the subjects of the same deposition as in the connective media.

Another prominent symptom or characteristic of the affection was the marked change of the expression of the eyes. In health these organs were large and lustrous, but now they seemed a great deal smaller. Of course there could have been no actual diminution in their size; but the condensation consequent upon the disease of its connective tissue or its degeneration into compact fibroid structure removed an amount of resistance from the contractile muscular tissue which allowed the muscles of the eye to embrace more closely the organ, presenting the appearance as if the eye were much smaller. The internal structures of the organ did not seem to sympathize with the disease, as there was no contraction of the visual purview. The mobility of the patient was considerably interfered with, confining itself to the region of the sclerosis. The muscles were bound, as it were, in a solid sheath. There was no paralysis, however, save that incident to mechanical obstruction, and seemingly no affection *per se* of the nervous system.

The bowels, as a general rule, were constipated, but the alvine evacuations presented no abnormal characteristics. There was evident diminution of the renal secretion, judging from the gross appearance, as detailed by the patient. The urine was high-colored, burning, and left a sediment on standing. No tests were made of its chemical constituents. Appetite capricious, and not as vigorous as in usual health; digestive apparatus seemed to be intact; no pain or nausea of the stomach; some dyspnœa when exercise was carried to excess; intellect clear; cutaneous transpiration normal in its action, rather clammy in character, and lower in temperature on sclerosed spots. Insomnia was at times quite a prominent and formidable symptom. On pretty hard pressure over the indurated parts a sense of dull pain was referred to the deeper structures. The circulation was normal; heart-sounds natural; no cough. The patient had not yet passed the "terra del fuego" of life. Catamenia natural. She was in comfortable circumstances, and enjoyed the best of hygienic influences, and was scrupulous in observing them.

The treatment of the case consisted of iron in all its forms and many of its combinations, quinia in various combinations, iodide of potassium, bromide of potassium, mercurials, bitter vegetable tonics, nitrate of potash, and other alkalies, stimulants straight and laced, and a multitude of topical remedies, all of which were of no seeming avail.

Scleroderma is a rare and in many respects interesting disease, the literature of which is very meager, the recorded cases perhaps not exceeding fifty. Indeed up to April, 1870, but forty-four cases of the disease had been brought to the notice of the profession, but seven of which afforded any opportunity for studying its pathological character. A careful analysis of the clinical history of the present case stamps it clearly upon my mind as being one of scleroderma, making a sum total to date of forty-five cases. Cases may have been recorded and escaped my observation; many doubtless have occurred of which no mention has been made. It is somewhat remarkable that a disease of which we have only forty-five examples should grace the nosological calendar with eight synonyms—to wit, sclerodermia, sclerema, scleremia, scleremus, scleria, scleriasis, scleroma, sclerosis, sclerymus—all of which, however, possess a common derivative, and refer to one of its chief anatomical characteristics; namely, the hardness of the diseased tissue.

In the limited researches that the literature of the disease allows us to make we find the first well-authenticated case to have been reported by Curzio about the middle of the last century. Henke was the second observer; he contributed the details of a case near the beginning of the persent century. It was, however, left for Therial, in 1845, to present to the profession any thing like an elaborate treatise on the disease. Nine years later, in 1854, Gillte collected and published in a French journal the history of fourteen cases, including some that occurred in his own practice. Seven years afterward, in 1861, Arnig presents the details of eighteen cases, one of which came under his own observation. In 1864 Köbner collected twenty-nine cases, of which he contributed a history. Other German writers a few years subsequently reported eight additional cases. Rasmussen, of Copenhagen, contributed, in 1867, the details of a case, which he says was the first ever described in Denmark. Walter De F. Day, M. D., of New York, in an article furnished the American Journal of the Medical Sciences for April, 1870, refers to three cases of the disease reported to that journal by Dr. A. B. Arnold, of Baltimore, in the July number of 1869. Dr. Arnold seems, as far as I know, to have been the first American physician who contributed any thing to the literature of the disease on this side of the Atlantic.

Dr. Day, in the article referred to, after reporting a case with the autopsy, makes some extended remarks on the disease, and to them I am indebted for much of the above data. In noting the frequency of the disease and number of cases reported, he says, "If therefore no cases have been overlooked, the present one makes the forty-fourth recorded, and the autopsy is the seventh."

Since writing the above I feel convinced from further researches that Dr. Day is probably mistaken in regard to the number of cases reported, and I was led into an error in stating that but forty-four cases had been recorded, as I find from the data referred to by Dr. Day that seventy-six cases of the disease in the aggregate have been presented to the profession. In this, however, I may be in error, as two or more observers may have cited the same cases. If this estimate be correct, the present makes the seventy-seventh recorded case. Hebra (Diseases of the Skin, Vol. III, 1875) says about fifty cases have been reported.

Within the last few years histological dermatologists have made minute analyses of the chief pathological character of scleroderma, but this is not yet regarded as fully established. "Its anatomical characteristic is the production in the lower portion of and beneath the skin of dense fibrous tissue in great abundance, varying in different cases. This renders the integument notably rigid and resisting to pressure. It is closely adherent to the muscles. It can not be moved over these or pinched up in folds. The muscles are restrained in their movements by the density of the structures above them, as if a firm bandage were closely applied. More or less wasting of the muscles is caused by the pressure. Pigmentary matter is in most cases deposited in cells of the rete mucosum, producing a discoloration which is yellowish or yellowish-gray or dark-brown, more marked in some situations than others, but in some cases the skin becomes decolorized. These changes may be either limited to certain parts or diffused over the whole surface, but varying in amount in different places."

This very faithful and striking description of its anatomical character is from the pen of Professor Flint. You will very readily perceive the typical character of the case just reported. Prof. Flint was the consulting physician in the case referred to by Day, and was present at the autopsy.

The pathological character of the disease consists of a smooth, tense skin, scarcely movable; muscles pale and atrophied, and in some places granular degeneration; skin and subcutaneous tissue more closely bound together than usual, the latter containing scarcely any fat and its connective tissue being abnormally dense; there is pigmentation of the deepest layer of cells, more marked in some locations than others; capillaries contain abnormal quantities of blood; fibrous tissue increased in quantity, this augmentation rapidly increasing as the under surface of the skin is approached, resulting in an enormous development of fibroid tissue, which is the cause of the induration and thickening so manifest in the affection, and producing its chief characteristic.

Rasmussen, of Copenhagen, a recent observer, seems to have studied its pathological character with great care, bringing the microscope into requisition in his histological researches. In the case referred to by him the skin and subjacent tissue were metamorphosed into dense fibroid tissue, having a thickness of rather more than an inch and a half, and in some places the muscular tissue had disappeared entirely, having, together with the connective tissue, been converted into a dense fibrous mass. Lymphoid cell-broods were found densely studded through the meshes and vessels of the connective tissue, forming cell-sheaths for the capillary net-work of the parts, the sheaths in many instances being larger than the vessels they surrounded. The nerve filaments were also the seat of a similar lymphoid cellular deposition. The adipose tissue was absent from its meshes, which were greatly thickened and indurated. The elastic tissue of the skin was also the seat of lymphoid deposit, depriving it of its natural elasticity.

As regards the etiology of scleroderma but very little is yet known. The theories advanced by different writers upon the subject are conflicting. Exposure to cold has been suggested by Day as being a probable cause. I am not prepared to admit it as a primary factor in the production of the disease. The evidence in favor of its being an exciting cause is quite clear. In the case reported by Henke his patient had fallen asleep at midday in a cool cellar, and on awakening discovered rigidity of some of the muscles, which ended in the development of the disease. Bouchut records the case of a man who exposed himself while in a state of perspiration to a draught of air, who four days later was the subject of the disease, involving the upper half of his body. Trousseau saw a case in which the checking of the menses was almost immediately followed by the disease. Rasmussen inclines to the idea that the sclerema is the local manifestation of the disease, but does not suggest any probable cause. He claims a stage of infiltration and formation of lymphoid cells, and a subsequent development of connective tissue from those cells, which causes the induration. The stage of infiltration was doubtless true in his case, but he claims it as a distinctive feature of the disease. In that, however, I believe he is mistaken, as a general rule, and think he has confounded the disease with acute œdema of the connective tissue, which is an affection of childhood or infancy, of which infiltration is one of the chief characters, but dependent upon an entirely different cause, of which we will speak hereafter. He furthermore claims, upon the basis of histological research and pathological analysis of the two diseases, that scleroderma is identical with and dependent upon the same process of evolution as elephantiasis arabum. Dermatologists inform us that a great deal of confusion has heretofore existed among writers in regard to elephantiasis, in not drawing the proper distinction between elephantiasis græcorum and elephantiasis arabum, the former being general and the latter local in its manifestations. I notice that as high authority as Prof. Gross, in speaking of elephantiasis, denominates it "Arabian elephantiasis, Egyptian sarcocele, or the glandular disease of Barbadoes, as it is variously denominated." Upon the other hand, Erasmus Wilson, who stands in the front rank of British dermatologists, says, "We are obliged to warn the student of the error, and distinguish impressively elephantiasis græcorum, the true and only elephantiasis, from elephantiasis arabum, the Barbadoes leg." I am quite at a loss to know to which of the two diseases Rasmussen alludes. Reference to the anatomical characters of the two diseases will show in both great dissimilarity to the affection under consideration. Barbadoes leg is characterized by the "enormous size to which the limb affected with the disease grows, together with discoloration and roughness of the skin," and from these distinctive features it was compared by the Arabian physicians to the foot of the elephant. Elephantiasis græcorum has a double mode of manifestation, by which it is divided into *tubercular* and *anæsthetic*. The former is recognized by the development on the skin of erythematous patches, patches of discoloration or maculæ, and tubercles, similar patches and tubercles being also met with on the mucous membrane of the mouth, fauces, nares, and eyes. The erythematous patches are of a red or purplish hue, more or less vivid, and vary in size from half an inch to two inches or more in diameter. The mucous membrane evinces a similar succession of morbid phenomena to those of the skin, and the conjunctiva, schneiderian membrane, mouth, fauces, larynx, and pharynx present the same morbid manifestations. The latter or anæsthetic elephantiasis is characterized by pale and shrunken skin, anxious countenance, muscles soft and reduced in size, insensibility, and atrophy.

When we compare the anatomical characters of elephantiasis arabum, or Barbadoes leg, with those of scleroderma, we must confess that we fail to recognize them as identical. So, on the other hand, if we turn to the descriptions given by the early Greek and Roman writers of elephantiasis græcorum, we find the anatomical characters of the two affections so very different as to render it unnecessary to even point them out. If identity of cause is referred to, we would suggest that elephantiasis is regarded as a blood-disease, dependent upon an animal poison, while scleroderma is not regarded as being of animal origin.

Prof. Flint, in the last edition of his work on Practical Medicine, in speaking of scleroderma, says, "The affection is not to be confounded with that called by some writers acute sclerema, which is peculiar to infants. The latter is a variety of œdema."

Meigs and Pepper, in their recent work on Diseases of Children, following Rilliett and Barthez and some continental dermatologists, seem to regard the disease as identical with acute œdema, which they describe as scleremia. This is certainly an error, as scleroderma is a disease of middle life, and has a marked affinity for the female sex, while scleremia, as described by those authors, is a disease incident to infantile life, and one that is usually very fatal; which is not the case in scleroderma, as pretty fair general health seems not to be incompatible with the disease, while in fifty-three cases of acute œdema reported by Elsaesser forty-nine proved fatal. Recent researches seem to have pretty fully established the fact that acute œdema of the cellular tissue is the result of atelectasis pulmonum. If that peculiar condition of the system is the maximum factor in œdema, and I believe this is pretty generally accepted, I think it is clearly established, on the other hand, that it is not a factor at all in sclerema; for in none of the reported cases has any thing been said in regard to collapse of the lung, nor do the autopsies show that it existed in any of them. The pulmonary complications observed in scleroderma were in every instance intercurrent and of an acute character, while no mention of them is made as having been detected in any of the autopsies or of their having played any special part in the disease. Those cases of œdema occurring in children in which atelectasis did not exist were doubtless due to bad hygienic surroundings, as the disease is almost exclusively confined to the large foundling-hospitals of Europe, while scleroderma has been shown to occur under faultless hygienic influences. As before intimated, scleroderma is a disease of middle life. Of forty cases in which the age was noted twenty occurred between eighteen and thirty-five years, four before that age, and thirteen after the fortieth year. As regards sex, the disease shows a marked affinity for the female. Forty out of forty-five cases in which the sex was noted occurred in females.

My idea of the production of scleroderma is somewhat at variance with those who have expressed themselves on the subject, and consists in the belief of an acquired diathesis. In the case reported I am of the impression that the diathesis was the result of a special rheumatic predisposition, and was in fact nothing more nor less than an anomalous sequel of that disease. The patient had evidently been the subject of rheumatism, for she presented with singular uniformity all the gross symptoms of the affection.

While the *materies morbi* of rheumatism shows ordinarily an election for the fibrous tissues of the joints, in the instance under consideration it showed an elective affinity for the connective tissue. There would seem to be an inherent tendency in the economy to the evolution of this peculiar malady. Whence its origin, or under what circumstances the system was made to yield to the laws governing the disease, we are not prepared to say. In rheumatism the result of that occult law is believed to be the production in the blood of lactic acid, which pathologists inform us shows an affinity for the articular tissues, but of the laws governing such affinity they know nothing. They can see its manifestations, but are unable to fathom its workings. May there not be laws of diversion and direction, co-ordinating with those occult laws, diverting disease from one tissue and directing to another, or are the laws governing disease so inexorable that they will not admit of deviation? While we admit that disease when fully established is subject to certain pathological laws, we think that in its attributes we witness the most exalted type of sovereignty. It claims and exercises the prerogative of electing its culminating theater in any part of the economy under a commission of its own creation, breaking up the normal legislative action of the healthy tissues.

In scleroderma the cause may doubtless be referred to some natural or acquired defect, originating in the assimilative functions, and diverting the nutritive material from its wanton course, causing it to form unnatural alliances in the economy, and compelling it to seek a residence among incongruous elements; but of the laws governing this morbid process we know nothing. We are of the opinion that the same deposition which is so manifest in the connective tissue is tō some extent the same in the muscular tissue; for, it seems to us, we can not account for the preternatural hardness upon any other hypothesis, and we feel persuaded that further pathological research will prove it to be due to that cause or to granular degeneration, as was shown to be the fact in some of the autopsies.

As regards the treatment of scleroderma, very little has thus far been accomplished either in arresting the disease or correcting the diathesis. I feel confident that no substantial results were obtained from the course I pursued. The patient, however, is still in the enjoyment of pretty fair general health, and exercising a general supervision over her domestic affairs. Electricity has been thought to exercise some curative influence, and good results have been obtained from the arsenical treatment. The conservation of the general health is rationally indicated, with a vigilant outlook for complications.

Before concluding may I not ask—not with reference to this particular disease, but of disease in general—have we to know how to create a disease before we can predict with mathematical precision its end from the beginning? Will we ever be able to trace it from its inception and note its effects upon each successive tissue until that is done? Can we expect to know disease rationally as a whole, or are we to continue to chase the etiological mirage over the shoreless plains of doubt, and at last have our scientific torches quenched by the murky darkness that hangs over the pathway of pathology? That disease is an entity we are compelled to admit, for we see palpable sequences that naturally presuppose first causes. We know from obvious results that the great first cause is holding high carnival somewhere in the economy, but so subtile and so immaterial as to elude the most refined and delicate test evoked for its discernment. Shall we ever comprehend its laws, or shall they continue to fetter the strides of scientific research? If disease be an entity, shall we as sentinels, standing upon the watchtower of health, ever be able to note its genesis and mark its exodus?

Louisville.

UNUSUAL TERMINATIONS OF UTERINE FIBROIDS.

BY THEOPHILUS PARVIN, M. D.

Case I.—Mrs. ——, about thirty-eight years of age, married twenty years but never pregnant, had suffered from uterine fibroids many years. Different methods of treatment, both local and constitutional, under different practitioners had been tried. The greatest benefit, however, had resulted from hypodermic ergot. By its use the size of the tumors underwent notable diminution, and metrorrhagia, which was a prominent symptom, entirely removed.

A year after ceasing the ergot the metrorrhagia returned and persisted, day after day, until three weeks had passed. Meantime various means were resorted to to arrest the flow, but none of them with more than temporary benefit. Chief among these were tamponing the vagina, tamponing the os uteri, dividing the cervix, sponge tents, intra-uterine astringent applications, and injections.

One morning, after the withdrawal of two tents introduced the previous evening, the blood commenced flowing out in a stream. The internal os was largely enough dilated to admit two fingers. Something must be done promptly or the hemorrhage would be fatal, and immediately and freely an injection of one part of muriated tincture of iron to ten of warm water was used, and the uterus, whose upper margin was slightly above a horizontal line at the umbilicus, was thoroughly washed out. The hemorrhage was at once arrested, but instant collapse, that for a few minutes was terribly like death, occurred. The patient rallied under stimulants, hypodermic morphia, frictions, etc., but died in forty-eight hours, apparently from exhaustion.

Case II.—Mrs. ——, thirty years of age, married twelve years, has two children, eleven and eight and a half years old, and no miscarriages since, one prior to, the birth of the last child. Four years ago first noticed "a lump" at the hypogastrium. About the same time too leucorrhœa and menstrual irregularities first occurred, these irregularities being such that the intermenstrual intervals varied from two to five weeks; but the flow, whether the interval was long or short, was always profuse. For the last year the flow has not only been too profuse, but also constantly too frequent; and the patient when I saw her had become not only very pale, but decidedly emaciated, suffered severe uterine pain, and there was great tenderness in the hypogastrium.

Upon examining the uterus a submucous fibroid of the anterior wall was clearly to be found, and the cavity measured four inches and a half. Having the sad result in the previous case before me, I determined to wait only until the patient had rallied somewhat from her loss of blood and the pelvic soreness somewhat removed, and then advance in the removal of the tumor at least as far as free incision of its capsule. But while thus waiting probably two weeks after the last hemorrhage, the patient's appetite good and her strength improving, she called my attention to a purulent and shreddy discharge which had commenced. This was in the early part of last February. My friend, Dr. Henry Jameson, examined with a microscope a specimen of this shreddy material, and found it fibrous tissue. Without entering into any further details, it is enough to say that this lady's menstruation is now normal. The uterine sound barely measures three inches, where it formerly was four and a half. She has no leucorrhœa, and her general condition is better than it has been for years.

Remarks.—These two cases illustrate unusual terminations of uterine fibroids; in the latter a spontaneous cure, and in the former death either from that rare cause in the mortality of uterine fibroids, hemorrhage, or from the intra-uterine injection, or from both combined. A word or two first as to the case of *spontaneous cure.* Schroeder (Diseases of the Female Sexual Organs, just issued by Wm. Wood & Co. as part of Ziemssen's Cyclopedia), in his chapter upon *Fibroids of the Uterus*, says that a complete cure may take place by expulsion of the tumor. "This process of *expulsion* is either an enucleation, whereby the tumor is to a certain degree turned out of the bed of overlying mucous membrane in which it rests, or the coverings of the tumor become inflamed and suppurate, and the tumor, having been deprived of its nourishment and become gangrenous, is cast off." And Klob (Pathological Anatomy of the Female Sexual Organs) observes that "in the neighborhood of fibroid tumors which prolapse into the cavity of the uterus an inflammatory process in the bed of the tumor is often developed, beginning generally at the most dependent portion of its mucous membrane, by *hypostatic hyperæmia*, and leading to the formation of pus or ichor, in consequence of which the tumor is detached and expelled, either entire or piecemeal, by labor-like contractions of the uterus."

In the case which has been given the tumor was not "enucleated" and "expelled entire," but came away by piecemeal, the process requiring nearly two weeks for its accomplishment; nor was the discharge at any portion of this time so offensive as to suggest any gangrenous change in the cast-off fibroid. But be the process what it may, certainly the termination is not a common one, since several writers on diseases of women fail to refer to it.

If it were in the power of the physician to imitate safely those changes which result in the discharge of a uterine fibroid by piecemeal, a most important addition would be made to the therapeutics of these growths which, considering the frequency of such growths and the discomfort and danger they often cause, are far from being satisfactory. Knowing that such tumors sometimes undergo calcareous degeneration, on theoretical grounds preparations of lime have been advised; so too fatty degeneration has suggested *steatogenous* medicines; but I do not know that there is a single case giving conclusive proof of the practical value of either suggestion. So too, notwithstanding the faith of some eminent teachers, most practitioners giving the alkaline bromides, iodides, or chlorides, iodine or bromine, to a patient with uterine fibroids would be surprised to find any material benefit resulting therefrom. With the exception of ergot, more especially when used hypodermically—and even this frequently fails in accomplishing good—the medical therapeutics of these tumors must be regarded as sadly dark and uncertain.

The first case narrated revives the question as to intra-uterine injections, especially of iron solutions. It is usually asserted and believed that where the os uteri is sufficiently dilated to permit the ready reflux of the injected fluid there is no danger; yet such dilatation existed in this case, and the injection was not harmless, to say the least. Doubtless it would have been safer to pack the uterine cavity with styptic cotton, successive rods of it being slipped from applicators; but the emergency was too pressing; it seemed to me to do any thing but just what was done. The cotton-application would have taken some minutes longer, for it is no easy matter to apply the rods to a cavity deformed and irregular from the projection of tumors; nevertheless under similar circumstances I would risk the delay rather than resort to such intra-uterine injections.

Even when injections of iron solutions have been made for *post-partum* hemorrhage some cases have had a fatal termination; and it is doubtful, notwithstanding the earnest advocacy by Dr. Barnes of these means, and notwithstanding the many successes reported by him and others, whether they are so entirely free from danger as has been asserted. But supposing the injection to be entirely foreign to the mortal issue—a mere antecedent, not a cause—and that this took place from hemorrhage, still such a termination is unusual, for in two fatal cases out of forty, according to West, only one was from hemorrhage. And Gallard (Clinical Lectures upon Diseases of Women, Paris, 1873 states that uterine fibroids, when death is their result, generally cause it by peritonitis, since it is rare that the metrorrhagias are so abundant and so persistent as by themselves to produce a fatal termination.

INDIANAPOLIS.

Reviews.

A Report on a Plan of Transporting Wounded Soldiers by Railway in time of War. With descriptions of various Methods employed for this purpose on different occasions. By George A. Otis, Assistant Surgeon U.S.A. Washington: War Department, Surgeon-general's Office. 1875.

The pamphlets of Mr. A. Zavodovsky, of St. Petersburg, elucidating his plan for transportation by railway of sick and wounded in time of war having been received by the honorable the secretary of war, Dr. Otis was directed to examine critically and to report upon the same.

As might well be anticipated by the brilliant record of this writer, the pamphlet before us is a masterly exhibit of all that has been said and done upon this subject; and it is conclusively shown that there is nothing novel in the proposition of Lavodovsky. It is shown that during the Italian war of 1859 this procedure was first adopted, and the author proceeds to an elaborate description of the various methods adopted by the Federal and Confederate authorities during the late civil war. This is followed by a concise statement of the efforts of continental governments to obtain rapid transit for their wounded soldiers.

As the plan of Zavodovsky is not as yet generally known, we add a brief description.

Freight-cars being best suited to the transportation of the seriously wounded, who can only be moved in the recumbent position, it is necessary to cause them to be so arranged that the inevitable jolting is mitigated; to arrange the wounded so that they may readily be accessible to the visits of the surgeon; to secure such simplicity in the system that the soldiers and nurses may themselves be able to carry it out.

> "Four cables an inch in thickness are suspended across the top of the car, and secured to iron hooks that fasten to iron rings two and a half inches below the roof of the car. If hooks and rings are not available, the ropes may be passed through eight holes bored in the side of the car. To each of the four ropes is attached at three points a pole—of oak, birch, elm, ash, or other springy wood—adapted to the width of the car, but at least eight feet long, two and a half inches thick in the middle, and an inch and three quarters at the ends. To the poles thus placed horizontally there are attached on either side four cords, with knots so arranged that they may support on a level the stretchers on which the wounded men are supposed to be reclining.
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> "In order that when the car is in motion the stretchers with the patients may not sway back and forth and strike against the sides of the car, the lower stretchers are fastened by inch-and-a-half ropes to three small iron hooks screwed into the floor of the conveyance."

Elaborate directions are added for loading and unloading said cars. This pamphlet will be of great value to all who may be interested in the movement of sick or wounded persons, as the suggestions are applicable to civil as well as to military life.

The Diseases of the Eye. By Brudenell Carter, F.R.C.S., etc. London: McMillan & Co. 1875.

This work of Mr. Carter is one of the best we have met with on the subject of the eye, and is made up of the lectures delivered by him at St. George's Hospital. The aim of the author, to quote his own words, has been to place before the profession, in a concise and readable form, a general view of the present state of knowledge with regard to the nature and treatment of the more important diseases of the eye. He makes no pretensions to elucidate the rarer forms of disease, nor does he go into minute details in the discussion of the anomalies of refraction and accommodation, but, as he says, leaves them to specialists.

The volume is divided into fifteen chapters, which, beginning with the anatomy and physiology of the organ, treat of all its parts *seriatim.*

In the first chapter we have a clear and distinct account of all the phenomena as presented to us in the healthy organ, without too great minuteness or unnecessary prolixity.

The second chapter is one of the best of the book, and has for its subject an exceedingly important matter; namely, the examination of the eye. The different methods of using direct, indirect, or oblique illumination are discussed in detail, and will do much toward enabling the general practitioner to distinguish between the diseases of the lids and conjunctiva and the eye proper, and to avoid those errors of diagnosis so commonly made. The uses of test-types are detailed at length, as are all the subjective methods of determining the state of vision.

Mr. Carter goes on to explain the purposes of the different optometers and perimeters, as well as the ophthalmoscope, to which latter invaluable diagnostic aid he devotes the third chapter of his book.

Chapter IV is one of particular interest, as it treats of the principles of ophthalmic therapeutics, which are discussed in all their bearings. This is followed by another, which has for its caption "the principles of ophthalmic surgery," in which the author is at pains to describe all the different steps and procedures employed in the performance of the various operations of the eye.

After this diseases of the different parts of the eye—such as the eyelids, the conjunctiva, the cornea, the iris (including irido-choroiditis and sympathetic ophthalmia), cataract, glaucoma, the diseases of the fundus oculi, and the injuries of the eye—are treated of in separate chapters as above enumerated.

The fourteenth chapter, on the affections of the ocular muscles, is one of the most exhaustive in the book. The subject is one which is particularly difficult of comprehension, owing to the numerous combinations of the different sets of muscles. We are free to say that no author who has written before him has succeeded in explaining the different phenomena in so satisfactory a manner.

The last chapter, on the uses and selection of spectacles, is not inferior to any of the rest.

In conclusion we have to say that this work ought to be in the hands of every student and practitioner who desires to acquaint himself with the subject. R. C. B.

A Treatise on Therapeutics: Comprising Materia Medica and Toxicology, with especial reference to the application of the physiological action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M. D. Second edition. Philadelphia: J. B. Lippincott & Co. 1875.

Within the past few months an elaborate review of the first edition of this valuable work appeared in the pages of this journal, but the sale of the large edition within a year of its publication necessitates a second reference. The second edition deserves fully all that has been said of the first. The author, in his preface, states that "some portions have been re-written, in a very few cases some alterations of conclusions have been arrived at, but the chief changes consist in the additions. . . . Great care has been given to the condensation of the text and to the saving of space in the mechanical execution; so that it is confidently believed that, while seemingly only about one hundred pages have been added, yet in reality the book has been increased by nearly one hundred and fifty pages."

The author has availed himself of the grand medical library collected under the auspices of the surgeon-general of the army, of the elaborate system of bibliographical cards instituted by Dr. Billings, and gracefully acknowledges the assistance which he has received.

The Treatment of Nervous Diseases by Electricity: A Review of the present extent of Electrical Treatment, with Indications for its Employment. By Dr. Friedrich Fieber. Translated from the German by G. M. Schweig, M. D. New York: G. P. Putnam's Sons. 1874.

There is a comfort in these days of many and big books in meeting with a duodecimo volume, the more especially if it be thin. The work of Dr. Fieber is really pleasant reading. While we are far from being as sanguine as some as to the value of electricity, we have nevertheless been instructed by the volume before us, and take pleasure in commending it to such of our readers as are interested in the subject of which it treats.

A Treatise of Human Physiology: Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M. D. Sixth edition, revised and enlarged. Philadelphia: H. C. Lea. 1875.

This latest edition of the standard American physiology fully deserves all that has been written of its predecessors. To the student of medicine and the busy practitioner "Dalton" as a text-book could not be replaced.

Without the bulk of the volume having been enlarged, an increase of over fifty per cent in the matter of the work has been made to that of the earlier editions. These additions will be found in the departments of physiological chemistry and the nervous system. Another important change is in the adoption of the new chemical nomenclature, which is noted by the author in his preface as follows:

> "The new chemical notation and nomenclature are introduced into the present edition, as having now so generally taken the place of the old that no confusion need result from the change. The centigrade system of measurements for length, volume, and weight is also adopted, these measurements being at present almost universally employed in original physiological investigations and their published accounts. Temperatures are given in degrees of the centigrade scale, usually accompanied by the corresponding degrees of Fahrenheit's scale inclosed in brackets."

The West-Virginia Medical Student: A Monthly Record of the Progress of Medicine, Surgery, and the allied Sciences. Jas. E. Reeves, M. D., editor and proprietor. Wheeling, W. Va.

It is but seldom that a recruit to the ranks of medical journalism presents so many attractive features as does the number to which we with pleasure ask the attention of our readers. The salutatory number is a model of mechanical execution, and contains most valuable communications from the pens of accomplished clinicians. With its accomplished editor in charge of its interests, a most brilliant future is without doubt in store for this latest born.

Clinic of the Month.

TYPHOID FEVER—HIGH TEMPERATURE TREATED WITH SULPHATE OF QUININE AND HOT PACK AT BELLEVUE HOSPITAL.—There were three cases of this affection which presented some points of interest common to all of them. 1. The patients were young persons, aged twenty-one, sixteen, and twenty-one years respectively. 2. The forming-period of the disease was unusually short. In one case the patient was in bed the second day after first feeling ill; in the second case he felt chilly in the morning, worked in the afternoon, but was unable to get up the next morning; while in the third case the patient went to bed the second day after he began to feel "dull and lazy." 3. The eruption was well marked, but not abundant. 4. There was only slight abdominal distension, and diarrhea was present in only one case, and that only in a mild form. There had been epistaxis in one case, and all three had a moderate amount of tenderness in the right iliac region. The special point of interest, however, in these cases related to the temperature of the patient and the manner in which it was treated. The record of each case will be given separately.

The first patient was admitted September 2d. September 3d, pulse 84, respiration 24, temperature 100° Fahr. morning, and in evening 103¼°, when he received ten grains sulphate of quinine. On the morning of September 4th temperature 101¼°, and in evening 103¼°. The patient then received twenty grains of the sulphate of quinine, and on the morning of September 5th temperature 101°, pulse 66. This apparently was an effect produced by the quinine. At 6 P. M. temperature 104°, and ten grains of quinine were administered. At 7 P. M. temperature 104°, and ten grains more were given. At 8 P. M. temperature 103¾°, and the patient received ten grains more; and at 9 P. M. temperature 102¾°, and ten grains more were administered. In this instance it was believed that the reduction of the temperature was clearly due to the effect of the quinine, because at that hour we should naturally expect the temperature to be as high as at any time during the day. The next morning temperature 104°. At 2 P. M. fifteen grains quinine were given, and at 3 P. M. temperature 103°; at 6 P. M. temperature 104°; at 7 P. M. temperature 104°, and now twenty grains of quinine were administered. At 10 P. M. temperature 100½°. Here again the reduction in temperature may fairly be regarded as due to the effect of the quinine. On the day following, however, the temperature again arose, and when at 102° ten grains of quinine were given, and repeated every hour, without producing any effect, while the thermometer rose to 103°, and finally reached 104°.

It might be said that the temperature would have risen higher had not the quinine been administered, but certain it was that it steadily arose while the drug was being exhibited. From this date, the 8th of September, his temperature ranged from 101° to 104°, and in the afternoon of the 11th it reached 104½°, when twenty grains of quinine were given and a sheet wrung out of hot water wrapped around the patient. In the mean time he had received ten grains of quinine every four or six hours upon an average, and when at any time the temperature arose to 104° twenty grains were given. The temperature fell only half a degree after applying the hot pack. On the 12th temperature reached 105°. The hot pack was again resorted to, and it fell half a degree within fifteen minutes.

On September 17th, 1:30 P. M., temperature 104¾°, and then the cold pack was resorted to. In this case the high temperature was the only grave feature, but that was held in abeyance by means of the cold pack.

The second case was admitted September 4th, with a temperature of 105°, which soon fell to 104°, when twenty grains of quinine were administered, and the stomach rejected it. Two hours afterward the temperature had fallen one degree without treatment. On the 6th of September, at 6 A. M., the temperature 103°, and ten grains of quinine were given. At 9 A. M. temperature 103½°, and at 10 A. M. he was packed in the hot wet sheet, and the temperature was reduced to 101½°. At 2 P. M. temperature 103½°, and he now received ten grains of quinine each hour for two hours, and at 4 P. M. the temperature was 102½°, while at 9 P. M. the temperature was 103°. September 7th, 6 A. M., temperature 102°; 8 A. M., temperature 101½°, and ten grains of quinine were then administered. At 10:30 A. M. temperature 104°, and ten grains more of quinine were given. At 12 M. temperature 103½°, and at 1:20 P. M. the thermometer stood at 104°. At 2 P. M. the cold pack was resorted to, and at 2:30 P. M. temperature 101½°. At 4:15 P. M. the temperature had risen to 103¾°, and the cold pack was repeated.

This patient had been treated in about this manner, so far as temperature is concerned, receiving from twenty to forty grains of sulphate of quinine daily, and cold packs latterly as occasion seemed to demand. The action of the quinine has not been marked in any direction. The temperature has become high while it was steadily administered, and it has also fallen to some extent. It is now eleven days since the admission of the patient, and he is doing very well.

The third case was admitted September 13th, and was at once placed upon quinine, five grains three times a day. On September 14th, evening temperature 104°. September 15th, morning temperature 102½°; evening temperature 103°. The hot pack was at once resorted to, but no reduction of temperature was produced. September 16th, morning temperature 101¾°; evening temperature 103½°. The hot pack was again resorted to, but without effect. September 17th, temperature 104°, and the cold pack was ordered at once. (The Medical Record.)

How to prevent Chloroform Narcosis.*—In the Berlin Clinical Weekly for September, 1875, Dr. Jacob Fleiberg, of Christiania, describes a new method for preventing asphyxia during the application of chloroform, as follows:

The different accidents which may occur during the use of this anæsthetic are well known. They consist principally of a stertorous, intermittent respiration, a cyanotic appearance of the face, a small, weak pulse, etc. Of all these the incomplete respiratory act is the most alarming, and it seems as if a valve obstructed the entrance of air to the lungs. The mode of preventing this most commonly in use is to introduce gags into the mouth, so as to separate the jaws; the tongue being then drawn out of the mouth by means of a pair of forceps or a tenaculum. Thus the respiration is restored, and the narcotism may be renewed.

Dr. Fleiberg objects to this procedure for several reasons, which he summarizes as below.

In the first place, it lends a rather unfavorable aspect to the operation, and infects the operator with a certain degree of uneasiness, which must always redound to the disadvantage of the patient; secondly, the teeth are frequently broken by the mechanical violence exerted upon them, and the tongue so lacerated that patients who have undergone minor operations, such as the removal of an atheromatous or lipomatous tumor, are troubled for some time after by a swelling of the tongue, which produces difficulty of articulation. In the third place, the narcosis is often prolonged considerably, the amount of chloroform used increased, and the after-effects aggravated.

About three years ago an idea struck him which he thought would overcome these difficulties. The plan was to *dislocate*

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* Translated by R. C. B.

the inferior maxillary bone forward whenever any asphyctic symptoms make their appearance. The best way of producing this dislocation is to stand behind the reclining patient, put both thumbs behind the symphysis and the index fingers on the posterior edges of the rami of the bone, then grasp the maxilla firmly and drag it directly forward. The relaxed tongue, which pushes the epiglottis backward and downward, thus preventing the entrance and exit of air, is relieved. Dislocation will succeed more readily if the operator imagines that he wants to lift the head and body of the patient up from the table. If the patient be under the influence of the anæsthetic, and then only is it necessary to resort to this procedure, then the condyle will move forward with a perceptible motion, and the entire bone is displaced, the lower teeth in front of the upper row. As soon as this is done the patient takes a long breath, and respiration proceeds without any further difficulty as long as the parts remain in the same position.

The author states that he has employed the above procedure in more than a thousand instances, and has never failed to achieve the purpose desired; namely, the use of chloroform without any unpleasant complications. He is not sure about the anatomical changes which occur during the dislocation; but there can be no doubt that, as all the glossal and subglossal tissues are dragged forward, so are the root of the tongue and the epiglottis; and as a consequence, the occlusion of the chink of the glottis and the consequent asphyxia, which is due to the weight of the tongue, are obviated.

In a more recent number of the same journal there is an article on the same subject by Langenbeck, in which he states that the method already described has been in constant use by Esmarck since, if not before, the year 1866. He employed it constantly during the late French and German war, and never lost a case from the effects of chloroform.

Nitrite of Amyl in Facial Neuralgia.—Dr. George H. Evans, assistant physician to the Middlesex Hospital, writes to the Practitioner: "A girl applied at St. Thomas's Hospital one Thursday morning, about eleven o'clock, trying to get some relief for neuralgia, which had prevented her, she said, from sleeping since the previous Saturday. She was evidently in considerable pain, and markedly anæmic. Hoping for a possible immediate effect, I made her inhale some nitrite of amyl. It took rather a longer inhalation than I expected to produce the usual flush; however it came, and she then said that she felt a throbbing and a beating in her head, but that the pain was subsiding. In a very few minutes she said the pain had left her. I was very doubtful about the amyl producing any thing more than simply temporary relief, so I told her to come again if the pain recurred. She did not come again to me, but she attended Dr. John Harley (she was already an out-patient under him) on the Saturday, and said she had had no pain since the inhalation. I did not see her again. The next case in which I used it for this purpose was that of an anæmic young woman who was in St. Thomas's Hospital with acute rheumatism, and who during her convalescence suffered much from facial neuralgia, which she said had tormented her since childhood. On her the inhalation of amyl did not produce quite so striking an effect as on the former patient; but it invariably gave her relief, so much so that she said, 'I wish you would let me take that little bottle out with me. I have tried all sorts of things, and never found any thing do me so much good as that.' The third case I have to mention is that of a young lady who was in September last suffering from very severe neuralgia, whom I knew to be generally anæmic, and whom I noticed to be much more anæmic than usual at that time. She told me she was always paler when these attacks came on. I gave her some amyl to inhale. It was some time before it produced any effect, visible or otherwise; but as soon as it had produced a slight flush she said the pain was relieved. I saw her three weeks later, and she told me that she always prevented the attacks of neuralgia by inhaling amyl when she felt they were coming on. One of her sisters, who was not anæmic, incautiously one day sniffed at the amyl bottle, probably because I had especially cautioned my patient against allowing any of her sisters to use it; and immediately her face became most painfully flushed, and she felt sufficiently uncomfortable to prevent her repeating the experiment. I think, from what I have seen of its use, that anæmic people, as one might expect, can bear very much larger doses of amyl than those who are not anæmic."

NATURAL HISTORY OF DYSENTERY.—In 1853 Dr. Austin Flint published a clinical report of dysentery, based on an analysis of forty-nine cases. From data obtained in these cases Dr. F. drew certain conclusions with regard to the nature of the disease, its etiology, duration, tendency to relapse or recurrence, fatality, etc. Briefly, dysentery was inferred to be an infectious disease, which "by preference" affected "persons in good health," in a salubrious northern climate rarely ended fatally after infantile life, and was neither disposed to relapse nor to recur in the same individual, or to become chronic. Thirty of the cases ended in recovery. Their duration varied from one to twenty-one days; reckoning from the date when diarrhea commenced, the mean duration was nine and five sixths days. The above cases were variously treated with laxatives, opiates, astringents, and topical applications in the form of enemas. Of all remedies opium was esteemed as the most valuable. The fact that different and often opposite methods of treatment have been employed with apparent success in dysentery is thought by the author to imply an intrinsic tendency in the disease to self-limitation. In order to ascertain the correctness of this inference, Dr. F. has recently supplemented the above analysis by the addition of ten cases of dysentery in which the disease was suffered to pursue its natural course without interference by medication. The ten cases were collected during the last three years, and were only selected with a view to a fair result. The history is presented in each case. All the cases ended in perfect recovery, and the mean duration was eleven and one fifth days, or, leaving out one case where a diarrhea preceded the dysenteric discharges for fourteen days, it was only ten and one ninth days. Comparing the mean duration with that (nine and five sixths days) of the thirty cases ending in recovery in the previous analysis, the slight difference would imply that treatment had but little influence in shortening the duration of the disease. This influence is made to appear in a still more dubious light by comparing the cases which were treated in hospital with the ten which were left without treatment. Thirteen of the above thirty cases were treated in hospital, and their mean duration was thirteen days, or three days longer than that of the ten cases not treated at all. Dr. F., however, deprecates drawing too strained an inference from this last comparison.

The writer closes with the following conclusions: 1. The disease in a temperate latitude tends, without treatment, to recovery. 2. It is a self-limited disease, and its duration is but little if at all abridged by methods of treatment now and heretofore in vogue. 3. Convalescence is as rapid when active measures of treatment have not been employed as in cases actively treated. 4. Relapses do not occur in the cases in which the disease has been allowed to pursue its own course without active treatment. 5. Sporadic dysentery in a temperate climate does not terminate in a chronic form of the disease; in other words, it does not lead to ulceration or other lesions of the mucous membrane of the large intestine, and it does not involve any tendency to complications or secondary affections. (American Journal of the Medical Sciences.)

A NEW VAGINAL DOUCHE.—Dr. F. P. Foster presented to the New York Medical Library and Journal Association a valuable and convenient apparatus by which the vaginal douche may be accomplished without regard to the quantity of fluid used, and without soiling the bed or changing the position of the patient. The instrument consists of a soft rubber cylinder, at the distal extremity of which are a few small openings. To this flexible cylinder is attached a piece of rubber tubing, which permits the entrance of a stream having a greater caliber than the combined caliber of the small openings at the distal extremity, and to this piece of rubber tubing a Davidson's syringe can be attached, or a suspended vessel containing the injecting-fluid. When the cylinder has been introduced and the injecting-fluid thrown in it becomes distended, fills the vagina, and thus prevents any reflux. The reflux, however, is provided for by a metallic tube which is within the flexible cylinder, and has attached to its open mouth the distal end of the cylinder, while to the other end a piece of rubber tubing is attached which conveys it to any convenient vessel. With this instrument the fluid is prevented from running out over the perinæum, which enables the operator to use much warmer water, for instance, than could otherwise be borne, and it also permits the use of injections without wetting the vagina, which to many patients is very desirable. There is a certain ratio between the size of the stream which enters the flexible cylinder and the small openings at the distal extremity, which is necessary to the proper working of the douche. (The Medical Record.)

PLUGGING THE POSTERIOR NARES.—This operation is one of the bugbears in surgery, therefore a simple method of performing it may be repeated without giving offense. It may not be any thing new, but the ease with which it was performed in a case at the Bellevue Hospital, reported in the New York Medical Record, was certainly agreeable to the patient and pleasing to the surgeon. A small bougie having a bulbous extremity (a fine catheter may answer the same purpose) was introduced into the nostril to be plugged, and carried along the floor until it could be seen emerging into the pharynx; this extremity was then seized with a pair of long forceps — which can usually be done without inconvenience to the patient — and brought forward through the mouth. A strong silken cord was then attached to it, and to the other extremity of the cord was fastened a pledget of lint. The bougie was then withdrawn from the nostril, and with it the string to which was attached the plug, and then this was drawn through the mouth and quickly carried up behind the velum into the cavity for which it was designed. The operation gave the patient but little inconvenience, and the plug was to remain until the *natural secretion of the parts loosened it* sufficiently to permit a spontaneous removal.

PRODUCTION OF A NEW NOSE.—Dr. James Hardie, of Manchester, Eng., describes a new rhino-plastic operation. The operation described consisted in the substitution of the upper phalanx of the fore finger for the nasal bones and cartilages, so as to give the required nasal prominence. The patient, a young girl, having lost both bones and cartilages, it was only after failure in other methods that Dr. Hardie determined to attempt the one in question. The mode of procedure was to bandage the arm in such a position as to enable the fore finger to be laid and plastered upon the nasal cavity, in which position the finger was kept for about three months. After the first few days the girl did not suffer from the irksomeness of her position; gradually the finger became attached to the cavity, and ultimately the upper phalanx of the finger was separated from the rest by the forceps. The doctor had at first meant to employ the portion of the finger merely as a substitute for the nasal bones and cartilages, and to lay over it flaps of skin from the face or arm in the usual manner, and to this plan he ultimately returned, although at one time he had been so satisfied with its appearance that he had thought of using the phalanx of the finger itself as a substitute for the nose. He still thought that with increased care, and by excising more of the finger, there might be no necessity for covering it with flaps of skin in the usual manner in order to the production of a fair substitute for the nose.

A NEW SOLVENT FOR SALICYLIC ACID.—M. Rozsyay states, in a communication to the *Pharm. Centralhalle*, that he has found in the sulphite of soda an agent which increases the solubility of salicylic acid, as well as its antiseptic properties. One part of salicylic acid, with the addition of two parts of sulphite of soda, dissolves in fifty parts of cold water, and forms a clear solution, which is not in the least degree irritating to an open wound. As a disinfectant he uses one part of the acid with from one to two parts of the sulphite of soda in from fifty to a hundred parts of water. (*Med. Chir. Centralbl.*, 1874, 26.—*Rundschau*, August, 1875.)

THE HOT PACK IN RHEUMATISM.—The physicians of Mt. Sinai Hospital, New York, have recently been trying hot packing in the treatment of acute rheumatism, with excellent results. They apply it in the following way: The bed is prepared by spreading over it a sheet of rubber cloth, and over this a blanket. Hot blankets are then wrung out of water of a temperature about as hot as the hand can bear, and with these the patient is enveloped. Two or three thicknesses of dry blankets are superimposed, and the whole retained in position till the patient is free from pain, a time varying from two to six hours. When the pack is applied the patient sweats very profusely, as might be supposed, and after its removal no danger has been found to occur. If the pain is confined to one joint, that joint is enveloped by the hot blanket, which is removed as soon as the pain disappears.

One case of chronic rheumatism, extending over a period of seven months, was treated by means of local packings, and after slight relapses, occurring at intervals for five weeks, was discharged perfectly cured. This method presents the advantage in private practice of not shocking the friends of the patient as much as the ice and ice-water packings. (New York Medical Journal.)

CHLORAL IN TRAUMATIC TETANUS.—In his *Thèse de Paris,* December, 1874, M. Gontier records twelve cases of tetanus treated by chloral. He concludes that chloral is preferable to other drugs in the treatment of chronic or subacute tetanus, but that in acute tetanus it is either inefficacious or merely palliative. It may be associated with tonics, diffusible stimulants, and diaphoretics.

CHLORAL IN HOOPING-COUGH.—Dr. Greslon reports a very severe case which succumbed to chloral, in doses of from fifteen to thirty grains every night, after all the remedies usually tried had failed. The action of the drug was very rapid, fifteen days only having elapsed between the first administration of the drug and the cessation of the cough. *(La France Médicale.)*

CHLORAL IN NOCTURNAL EMESIS.—In *L'Imparciale*, March 17th, Dr. Ademolo relates four cases which were completely cured by chloral hydrate. It may be given at first in doses of seven or eight grains at night, gradually increasing the dose to twelve grains.

Notes and Queries.

SUPPRESSION OF LACTATION (OR PREVENTION OF THE FORMATION OF MILK) BY COMPRESSION.—George N. Monette, M. D., physician to St. Anna's Asylum, New Orleans, contributes the following:

"On the 10th of May, 1874, I was with Mrs. M. in her first accouchement. At her request 'to stop the milk' I made my first attempt at compression by a crash roller-bandage or long towel. I thought this mechanical support or compression more feasible than the many medicated topical applications in use. I applied the bandage immediately after her delivery, and did not remove it for ten days. During this time she had not the slightest inconvenience, no pain, no accumulation or gathering, and on the whole no one suspected her of being a mother. I neglected to contribute the fact of the success of the case prior to this until I saw in a New York medical journal that Dr. W. R. Wilson, U. S. A., had communicated the results of his practice to Dr. Peaslee, of New York."

CHOLERA IN INDIA.—The Medical Times and Gazette of September 25, 1875, states: "From India we learn that Dr. Blanc has furnished a report on the last outbreak of cholera, which occurred in Yerrowda Gaol. This, in the opinion of the acting sanitary commissioner, is a very interesting contribution to the medical history of cholera. The investigation tends to establish the conclusion that cholera poison is, and in the case of the Yerrowda prisoners actually was, communicated through water. Proceeding upon this view, the acting sanitary commissioner remarks that the practical lesson to be learned from this outbreak is the great danger of allowing persons (as is so commonly the case throughout India) to drink water from the river after it has been polluted by dhobies washing dirty clothes in it, and by many other descriptions of impurities." In the same journal for October 2, 1875, we note the following: "By latest advices received from India it is reported that cholera has broken out among the European garrison at Delhi, in the fort. Five seizures and four deaths have taken place. The troops, it is stated, are going into camp."

GRINDELIA ROBUSTA.—This new candidate for public favor, as a remedy in asthma and some other pulmonary affections, is being much used in this locality, and is very highly spoken of. The earlier preparations of the plant were so disagreeable to the taste and so generally excited nausea that few patients were found willing to continue their use. These drawbacks have now been overcome by a pharmacist in the house of Arthur Peter & Co., of this city, and an aromatic elixir is confidently offered as possessing all the good and none of the unpleasant properties of the drug. In a few cases of asthma in which we have prescribed the grindelia it has seemed to exert a marked influence over the paroxysms.

IGNORANCE has at last been detected by the Philadelphia Medical Times elsewhere than in America. The Medical Press and Circular tells the following:

"We have lately seen a case—for which London ophthalmic practitioners, we are bound to say, are alone responsible—in which a piece of iris has been snipped out to cure a nerve-atrophy resulting from a railway-injury to the spine; and another case in which a bunch of inverted eyelashes, which any first-year's student would have diagnosed, was sought to be directed to proper position by an iridectomy performed under anæsthesia without the knowledge or approval of the patient. These operations were, we will charitably presume, indicated to the mind of the operator by some subtile theory which, to use a Dundrearyism, neither he nor 'any other fellow' could understand."

The Medical Times should add, "Medical education in *this* country is at the lowest ebb, and the system which allows of such ignorance is a blot and a shame in a civilized community." It is certainly very sad.

HORSE-HAIR FOR SUTURES.—Our own experience with horse-hair as a material for sutures has not been favorable. This perhaps was owing to not having properly prepared the hair. Dr. Green, of Boston, who recommends it very highly, prepares it as follows: Select the hair from the tail of a young, healthy horse and wash it in warm water, then boil for half an hour in a solution of soda (one ounce of bicarbonate of soda to two quarts of water), then rinse in warm water, and it is ready for use. It does not snarl or kink.

STATE MEDICAL SOCIETY OF ARKANSAS.—This organization—which, it seems, has taken a "new departure," and now numbers among its members most of the leading physicians of the state—held a harmonious and most profitable meeting at Little Rock on the 12th of October. The following named gentlemen were elected officers for the ensuing year:

President—Dr. W. B. Welsh, of Washington County; *First Vice-president*—Dr. A. Dunlap, of Sebastian; *Second Vice-president*—Dr. R. Brunson, of Jefferson; *Third Vice-president*—Dr. J. P. Mitchell, of Johnson; *Fourth Vice-president*—Dr. G. T. Dale, of Miller; *Secretary*—Dr. R. G. Jennings, of Pulaski; *Assistant Secretary*—Dr. J. G. Eberle, of Sebastian; *Treasurer*—Dr. A. L. Breysacher, of Pulaski; *Librarian*—Dr. T. H. Bates, of Monroe.

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Infantile Spinal Paralysis. A Clinical Lecture. By E. C. Seguin, M. D., etc. In one volume 8vo. New York: D. Appleton & Co. 1875.

The Diseases of the Heart and Aorta. By Thomas Hayden, Professor of Anatomy and Physiology in the Catholic University of Ireland, etc. In two parts. 8vo, pp. xii–1232. Philadelphia: Lindsay & Blakiston. 1875.

Vision: its Optical Defects, and the Adaptation of Spectacles. Embracing, first, Physical Optics; second, Physiological Optics; third, Errors of Refraction and Defects of Accommodation, or Optical Defects of the Eye. With seventy-four illustrations on wood and selections from the Test-types of Jaeger and Snellen. By C. S. Fenner, M. D. Phila.: Lindsay & Blakiston. 1875.

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A Statement of the Relations of the Faculty of Medicine and Surgery in the University of Michigan to Homeopathy. Detroit: Tribune Printing Company. 1875.

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*Any of these works may be procured on application to Messrs. John P. Morton and Company, Louisville, Ky.

THE AMERICAN PRACTITIONER.

DECEMBER, 1875.

> Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

FOUR CASES OF FISTULA IN ANO.

BY R. F. LOGAN, M. D.

CASE I.—This was in the person of a gentleman aged about forty-five years. The internal opening was just within the folds of the mucous membrane of the anus, yet external to the sphincter. The case might indeed be called a blind fissure, since the sinus extended from the internal opening just beneath the mucous membrane and the skin, on the right side, outward an inch more or less, and did not penetrate the external sphincter. Keeping in mind the principles which govern the treatment of fistula, it was very certain that the ordinary operation of laying open this sinus by the knife would have proved a failure. This procedure would in fact have converted a fistula into a fissure. The treatment adopted therefore was first to lay open the sinus, and then forcibly dilate the sphincter muscle, or, in other words, to convert the fistula into a fissure, and then treat the fissure. The patient was by these means cured in about two weeks of a troublesome disease, which had given him great annoyance and some pain for several months.

Case II.—This occurred in a middle-aged man. It presented the usual symptoms, and was treated by the ordinary method of dividing the sphincter, which resulted in a perfect cure within a few weeks. This case, to which I was called in consultation by Dr. Yenowine, of Mt. Eden, Spencer County, was the most typical one of *fistula*, as described in books, which I have to report, and as it presented no peculiarities I shall not dwell upon it.

Case III.—This was in the person of a lady, about thirty years of age, who had given birth to a child about three months before I saw her. She was attended in her confinement and subsequently by Drs. Bishop and Ryon, of Simpsonville, who discovered a few weeks after convalescence from labor a painful abscess in the vicinity of the rectum (left side), which these gentlemen promptly lanced, to the great relief of the patient. Soon afterward this abscess, as usual, terminated in a complete fistula. At the request of Drs. Bishop and Ryon, I was called to see the case. It was upon consultation decided to lay open the fistula, which was done at once. Upon further examination we traced with a probe a sinus extending up by the side of the rectum at least three inches, another extending outward toward the tuberosity of the ischium. This last sinus was slit up at the same time. Close examination at the time revealed no other tracts; but at a subsequent visit, about a week afterward, a long sinus (at least four or five inches) was discovered, running from the external end of the incision, about three inches from the anus, downward and backward toward the coccyx. We had in fact opened a cavity which had burrowed in four different directions: toward the rectum, and opening into it about half an inch above the anus; upward by the side of the rectum; outward toward the ischium; and downward in the direction of the coccyx.

Upon consultation it was decided not to divide the tissues of the last and deepest sinus, but to trust to the operation already performed, using a probe occasionally to stimulate the walls of the sinus, or to use a probe coated with fused crystals of nitrate of silver, if necessary, or the injection of tinct. of iodine. Under this treatment the fistula gradually but slowly healed, until there remained only a fissure about an inch long. At this point the healing process stopped; weak granulations sprung up from the bottom of the wound, which became painful and irritable; in fact the case had degenerated into one of *fissure of the anus.* Forcible dilatation was now performed, the patient being under chloroform; and at a subsequent visit, in about ten days, we were gratified to find that the patient had entirely recovered from the rectal affection.

Thus had healed in the course of about three months the worst case of anal fistula that I ever encountered. It will be observed that we had here to treat first an abscess, then a fistula, and finally a fissure; and that the treatment of the case was determined from time to time by the condition of the parts, and, I will add, by the general condition of the patient. One of the most discouraging features of this case was a most obstinate constipation and a general torpidity of the digestive organs. This was relieved by an occasional dose of pills containing calomel, colocynth, and podophyllin, and by the daily use of a saline mixture containing the sulphates of soda and magnesia, carbonate of magnesia, and sulphur.

At our last visit to this lady we were puzzled to hear her complain of the same unpleasant sensations which she experienced before the fistula was cured. A uterine examination at once explained these discomforts, and revealed a case of chronic endometritis, involving both the cavities of the neck and body of the womb. Treatment for this complication was at once commenced, and has been pursued with the most gratifying results for about six weeks. The case is still under treatment.

Case IV.—I was called to see this case in consultation with Dr. Yenowine, of Mt. Eden. It was in a lady, about thirty years of age, who six or seven years previously had suffered from pelvic cellulitis and abscess following a very protracted and painful labor. The abscess opened in the left groin, and is still discharging pus. The external opening of the fistula in this case was about an inch below the anus, near the extremity of the coccyx. The internal opening was somewhere between the two sphincter muscles, but I was never able to find it. A uterine examination showed a very grave case of chronic cervical metritis. The question then was, shall we postpone the treatment of the fistula until the uterine disease is cured, as some advise, or shall we treat the fistula first and the uterine disease afterward? We decided to operate for the fistula at once, which was promptly done, and in a few weeks this affection was entirely cured. The uterine disease, still under treatment by Dr. Yenowine, is progressing favorably.

In regard to these cases of fistula I wish to remark that they all occurred in young or middle-aged persons; that in neither of them was there any predisposition to or symptom of pulmonary disease or of tuberculosis in any part of the body; and, so far as I know, there was no such tendency in the family of either of these patients. On the contrary, they were all persons of at least the usual degree of health and vigor. The two cases which occurred in women were complicated with uterine disease; in both the fistula was treated first, and in neither of them did the uterine disease appear to retard the healing process after the operation. I believe that the cure of the fistula added greatly to the efficiency of the means used in the treatment of the uterine affection; for I will observe that the one which I attended (Case III) has progressed more rapidly toward recovery than the majority of such cases that I meet with. It is advised by some, I know, to cure the womb-disease first, and perhaps this course may be preferable in many cases; but there are cases in the management of which this rule may be advantageously reversed. The two cases herein reported show that sometimes fistula will heal after an operation, even when severe uterine disease exists, and that the cure of the fistula constitutes a preliminary and perhaps an important step in the cure of the more obstinate malady.

In Case IV I could not find the internal opening, though evidently one existed. After searching diligently without success for some time, I perforated the wall of the bowel and slit up the tissues into it in the ordinary manner. I have done this before with equally good results; and though doubtless it is better to find the internal opening, and slit open the parts to that point, yet where it can not be found the expedient adopted in this case may be practiced with a confident hope of success.

In conclusion I wish to draw attention to the supplementary treatment, by forcible dilatation, practiced in Case III after the wound had degenerated into the condition of an irritable ulcer, and to add my testimony to the efficacy of this simple operation in cases of *fissure* of the anus.

SHELBYVILLE, KY.

PLEASANT AND ACTIVE PREPARATIONS OF SENNA.

BY C. LEWIS DIEHL,
Professor of Pharmacy in the Louisville College of Pharmacy.

Senna, although one of the oldest and most reliable purgative remedies, seems gradually to grow into disfavor, and is now but seldom prescribed in regular practice. This is partly owing to its pronounced and, to some persons, nauseous taste, but principally to its tendency to produce severe griping. To overcome this latter objection it has been usual to combine the senna with aromatics and some saline aperient—such as Epsom or Rochelle salts, cream of tartar, etc.—with but partly satisfactory results, however. Besides, the nauseous taste of the medicine is an objectionable feature, and can not be very readily overcome by these expedients. Yet the means to overcome these objections very completely have been known for many years, and have been applied — somewhat grudgingly, it is true—in some of the European pharmacopœias and by individuals here and there in the United States. This consists in exhausting senna-leaves, free from foreign admixture, with stronger alcohol, thereby removing their odorous and resinous components, while their active constituent, cathartic acid, being insoluble in alcohol, remains undissolved. The leaves so treated may then be dried, and used either in substance or in any of the usual forms of preparation; such, possessing the purgative qualities of the drug unimpaired, are nearly without odor or taste, and are utterly devoid of griping qualities. It is quite possible that this method has not been more generally applied because of apprehension that some of the activity of the drug would be thereby sacrificed. Prof. R. Buchheim's investigations, made in 1873, seem, however, to have settled this question very completely, his results being emphatically those above stated.

With a view to establishing this to my own satisfaction, I suggested to my assistant, Mr. A. I. Schoettlin, then a student of the Louisville College of Pharmacy, that he select "senna" as the subject for his thesis, and his results were in complete accord with those of Prof. Buchheim. Mr. Schoettlin found that an extract of Tinnevelly senna, made with stronger alcohol, possessed the odor and taste of the drug in a marked degree, but when taken in doses corresponding to four or five times the usual dose of the leaves it was entirely without laxative action; producing, however, considerable uneasiness in the stomach, and even griping. The aqueous extract of the leaves, which had been previously exhausted with stronger alcohol, to the contrary, possessed promptly and fully the activity of corresponding quantities of the ordinary leaves, was nearly odorless and tasteless, and did not produce the least griping. It should be observed, however, that this applies only to senna-leaves free from foreign admixture, such as the Tinnevelly or the better varieties of India senna; and that Alexandria senna, which is usually preferred with us, is not suitable for this purpose, since this variety contains a considerable admixture of "arglc-leaves."

On the basis of Mr. Schoettlin's results I have prepared a fluid extract which, diluted with simple elixir to the strength of syrup of senna (Pharm. 1850), has met with decided favor with some of our physicians. The following is the process I have adopted for the preparation of this fluid extract, which, for the sake of distinction, I will name *deodorized fluid extract of senna:* Take of Tinnevelly senna sixteen troy ounces; stronger alcohol, glycerin, and water, of each a sufficiency; macerate the leaves in four pints of stronger alcohol for two days, and express; add to the expressed leaves two pints more of stronger alcohol, and again express; then dry and reduce them to a fine powder. According to the general directions for preparing the officinal fluid extracts, percolate this powder first with a mixture of six fluid ounces of stronger alcohol, two fluid ounces of glycerin, and eight fluid ounces of water, then with a sufficiency of six measures of stronger alcohol and ten measures of water, till thirty-two fluid ounces of percolate are obtained. Of this the first twelve fluid ounces are set aside, the remainder of the percolate is evaporated to three fluid ounces, and, together with one fluid ounce of stronger alcohol, added to the reserved portion; after standing several days decant the clear liquid, or filter. The result is a dark-brown, clear, thin syrupy fluid extract, which possesses very little odor or taste, and in these scarcely reminds of senna. When it is mixed with three times its volume of the simple elixir adopted by the Louisville College of Pharmacy a very pleasant elixir is formed, which corresponds in its strength to the syrup of senna formerly officinal in the United States Pharmacopœia, and has proved an active and efficient preparation.

It has been suggested to combine with this preparation a small quantity of taraxacum, and I have therefore for some time dispensed a *compound elixir of senna* (or compound laxative elixir), for which the following is the formula: Take of deodorized fluid extract of senna, four fluid ounces; fluid extract of taraxacum, one fluid ounce; comp. tinct. of cardamom, half a fluid ounce; simple elixir, sufficient to make a pint. The result is a very pleasant combination of the senna and taraxacum, which probably possesses some advantages over the simple elixir of senna.

In conclusion I would remark that in the above I have aimed to re-establish in popular favor an old and well-tried remedial agent; to draw the attention of medical men to the possibility of removing the most serious drawback to its application.

LOUISVILLE.

ON THE FEBRIFUGE VALUE OF THE SULPHATE OF CINCHONIDIA.*

BY LUNSFORD P. YANDELL, JR., M. D.,
Professor of Materia Medica and Clinical Medicine in the University of Louisville.

During the past ten years, at the University Dispensary, I have made many experiments with reputed antiperiodics; and though I have heretofore recorded in the American Practitioner the results of some of these investigations, I believe the value and interest of this paper will be enhanced by a brief reference to my experience with the more prominent of these agents.

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* Read before the Louisville Academy of Medicine, November 12, 1875.

Sulphate of cinchonia I esteem next to sulphate of quinia in antiperiodic power. This substance was first extensively used in Louisville by Dr. D. W. Yandell, at the Stokes Dispensary, in 1856, since which time I have been familiar with the alkaloid.

At the University Dispensary sulphate of cinchonia is used to the exclusion of all other antiperiodics, except when we employ them in the way of experiment. From the effects of this medicine on myself, and from extended experience with it in charity practice, I draw the following conclusions: sulphate of cinchonia is less bitter than sulphate of quinia, and produces less ringing in the ears; it is less powerful than sulphate of quinia, and hence is required in larger doses; it is more apt to derange the digestive apparatus; it often produces a sense of fullness about the head, together with excessive dryness of the mouth and fauces, and drowsiness and double vision are not infrequent. Its crowning superiority over other derivatives of cinchona-bark is its inexpensiveness. It costs but thirty-five cents, and sometimes less, per ounce; whereas sulphate of quinia costs two dollars and a half, cincho-quinine and quinidia about two dollars, and sulphate of cinchonidia ninety cents to a dollar an ounce. Cincho-quinine and quinidia have no advantage over sulphate of cinchonia in any respect, and the same is true of chinoidine.

Salicine in forty- or fifty-grain doses has antiperiodic properties, but is unreliable. From sulphate of strychnia I never got good results to any extent; besides, its supreme bitterness and disagreeable effect on the nervous system render it very objectionable. The iodides and bromides, and likewise carbolic acid and the sulphites, have proved totally inefficacious in my hands. Arsenic is too well established as an antiperiodic to require comment. Salicylic acid I have never had sufficient faith in to try. Sulphate of iron and alum—three grains of the former and four of the latter combined, and this dose administered thrice daily for a week or more—has given me most excellent results, especially in chronic and obstinate intermittents.

Scores of other remedies for malarial maladies might be enumerated, but none of them are sufficiently efficacious to justify any mention of them here.

SULPHATE OF CINCHONIDIA.

Something more than a month ago an agent of Powers & Weightman placed in my hands for the University Dispensary ten ounces of this article, with the request that, if agreeable, I would report in the American Practitioner the results obtained. At the same time twenty-five ounces were furnished to the City Hospital. In the male medical ward of this institution and at the University Dispensary my investigations were conducted. At the Dispensary something more than fifty cases of malarious disease were treated with the remedy under consideration, and a like number were treated at the hospital. The majority of these cases were examples of frank intermittent fever, while others assumed the shape of dumb chills, neuralgias, intestinal diseases, dermatoses, coughs, etc. Besides hospital and dispensary patients, more than a score of medical students took sulphate of cinchonidia at my request or suggestion; and being already personally familiar with cinchonism from sulphate of quinia and sulphate of cinchonia, I experimented on myself with the medicine.

Without occupying the time of the reader with a tabulated statement, I shall proceed to present the conclusions at which I have arrived.

Sulphate of cinchonidia is less bitter than sulphate of quinine, but more bitter than sulphate of cinchonia, and produces as much noise in the head as sulphate of quinine. Headache, sense of heat and fullness about the head, disturbance of stomach, and dryness of mouth and throat are as frequent and decided from it as from sulphate of cinchonia. As a tonic it is not superior to the other alkaloids, nor are relapses less common under its use than when other products of the bark are given. It is indubitably an antidote to malarial poison, but in febrifuge virtue it is less than half as potent as sulphate of quinine, and a third less efficacious than sulphate of cinchonia. Where fifteen to twenty grains of sulphate of quinine are required, twenty or twenty-five grains of sulphate of cinchonia are necessary, and their equivalent in sulphate of cinchonidia is thirty to forty grains.

The doses here indicated I consider the proper ones in the average malarial disorders of this region, whether it be well-marked intermittent fever or one of the masked forms of the disease.

In my own person sulphate of cinchonidia in twenty- to thirty-grain doses gave rise to tinnitus aurium, dryness of buccal and nasal mucous membrane, sense of fullness of the head, anorexia, and general discomfort. By most of the students who experimented with it its effects were not complained of. Several, however, expressed themselves as being made drunk by it, having giddiness, faintness, and a feeling of cerebral congestion. In some cases diarrhea, and in others vomiting, while still in others headache, were attributed to the sulphate of cinchonidia.

To recapitulate: sulphate of cinchonidia is a reliable antifebrile in sufficiently large doses, but has no advantage over sulphate of quinia except in price. It has all the drawbacks attaching to sulphate of cinchonia, and no superiority in any respect over it, while it is nearly thrice its price.

In collecting these observations on the relative value o cinchonidia I have been materially aided by my clinical assistants at the University, as also by Dr. Oppenheim, resident graduate in the City Hospital, to whom I wish to acknowledge my obligations.

LOUISVILLE.

HALF AN HOUR WITH SMELLIE.

BY THEOPHILUS PARVIN, M. D.

A hundred and thirteen years ago this famous obstetrician was buried in his native Scotland. Like many another Scotchman, he had, after acquiring knowledge and experience in the pursuit of his profession at home, gone to London in search of a larger field and greater honor. The same century brought to London another Scotchman, who also made his name illustrious in obstetric study—William Hunter. Hunter's *Plates of the Gravid Uterus* constitute an enduring monument of indefatigable toil, of original discovery, and of faithful study. They have never been, they can never be superseded. And Smellie as a practical obstetrician, and in all that relates to the mechanism of parturition and instrumental labor, equally excelled his contemporaries. During ten years Smellie gave upward of two hundred and fifty courses in midwifery for the instruction of more than nine hundred male students; and in that series of courses eleven hundred and fifty poor women were delivered, who were supported during their lying-in by contributions from these students. For half a century his work on obstetrics was the principal text-book in the English language, and his name is indissolubly connected with the science and art in the teaching of which he was so successful.

The Sydenham Society is soon to publish an edition of his works, edited by Dr. Barnes; but before the appearance of that volume, with its red-edged leaves, cloth binding, gilt-letter glory, and other modern adornments, we want to spend a few minutes with an old volume issued in London in 1752, "printed for D. Wilson and T. Durham, at Plato's Head, in the Strand." The leaves are time-stained, a yellowish brown; the leather binding has darkened to a dull mahogany hue; the whole book has a venerable aspect, and when we read its pages we can almost imagine its author once more alive, and that he is speaking directly to us, the style so simple, direct, and conversational.

After the introduction, which is chiefly historical, Smellie gives a description of the pelvis and of the child's head, and lays the foundation for the first clear exposition of the mechanism of parturition.

His explanation of menstruation rests upon the plethora theory, which even to this day is not without advocates. "The *Catamenia* are no more than a periodical discharge of that super-plus of blood which is collected through the month," etc.

In his description of what he believes the probable mode of conception he states that "one of the *animalcula* that swim about in the male semen like so many tad-poles, insinuates itself into the Ovum and is joined with its belly to the ruptured part of it, from which the navel-string is produced." He wisely concludes his chapter upon *Conception* by saying that some of the opinions concerning that process are "jocular rather than instructive." Jocular rather than instructive! Fitting words for many a medical theory that floats to the surface nowadays.

The following passage crisply controverts a notion dating from Hippocrates, and not yet quite extinct, for we have heard even physicians assert it, viz., the viability of a seven-months' child is greater than of an eight-months': "Hippocrates alleges, that a child born in the seventh month sometimes lives; whereas if it come in the eighth it will probably die, because all healthy children (says he) make an effort to be delivered in the seventh month, and if they are not then born, the *Nisus* is repeated in the eighth, when the child must be weakened by its former unsuccessful attempt, and therefore not likely to live; whereas, should the second effort be deferred till the ninth, the *Fœtus* will, by that time, be sufficiently recovered from the fatigue it had undergone in the seventh. Experience, however, contradicts this assertion; for, the older the child is, we find it always, (*ceteris paribus*), the stronger, consequently the more hardy and easily nursed: neither is there any sufficient reason for adhering to the opinion of *Pythagoras* on this subject, who declares that number eight is not so fortunate as seven or nine."

It is strange that an error so clearly exposed by Smellie in 1752 should be upheld by an American teacher of obstetrics in 1821. The late Dr. John W. Francis, of New York, in his preface to the American edition of Denman's Midwifery, observes "the singular circumstance that a child of seven-months' gestation has greater chance of living than one of eight was noticed by Hippocrates."

In his chapter upon the *Placenta* Smellie thinks it probable that the fetus is nourished by the absorption of nutritive fluid into the vessels of that organ and of the chorion, and does not uphold the view, which some many years subsequent to his time have, of a direct vascular communication between the mother and the fetus.

Speaking of the placenta, reminds us of a passage in which he points out its more easy delivery by traction when the implantation of the cord is marginal instead of central. How near he was in this observation to the discovery of the true mechanism of the delivery of the placenta, a discovery which was not made until more than a century after he wrote! Even now we half believe many a physician accepts the teaching of Baudalocque, that the placenta descends folded so as to present its fetal surface at the os uteri. But would it not be marvelous that nature, which so admirably adapts the fetus in regard of presentations and positions to the canal it must traverse, should not manifest equal wisdom in the extrusion of the placenta from the uterine cavity? However, let the physician who either accepts or rejects the long-accepted teaching of obstetricians interrogate nature, study in his obstetric practice her way; do as suggested by Matthews

Duncan, make a wound in the part of the placenta presenting at the os uteri. We have found it a very good plan to partly pinch out a piece with the thumb and finger, then examine the organ after its delivery and observe where the wound was made. "In this way it is easily discovered that the part of the placenta presenting at the os uteri, and subsequently at the os vaginæ, is not the fetal or amniotic surface, but the edge of the placenta, or a point very near the edge."

Leishman *(System of Midwifery)*, in referring to *Placenta Prævia*, observes, "The idea entertained by the ancients, and which, with the exception of those of Portal and Gifford, was taught in all works on midwifery down to about 1766, when Rœderer's '*Elementa Artis Obstetriciæ*' was published, was that in these cases the placenta was originally attached at its usual site, and that it only fell down to the lower part of the uterus after it had been entirely separated." But he certainly had forgotten or negligently read Smellie when he made this statement, as the following passage shows: "The edge or middle of the Placenta sometimes adheres over the inside of the *Os Internum*, which frequently begins to open several weeks before the full time; and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered," etc. This, from Smellie's Midwifery, antedates Rœderer's publication fourteen years.

Smellie's theory of the nausea and vomiting in the earlier months of pregnancy is that "perhaps" it depends upon the presence in the uterus of *Catamenia*, the whole quantity of which not being then needed for the nutrition of the *Embryo*, and the first among the remedies recommended is "blooding more or less according to the Plethora and strength of the patient."

In the first chapter of the third book Smellie gives the position and attitude of the fetus in utero as accurately as any obstetrician would to-day. It was something, nay a great thing, to be accurate on these points at that day, when so much false teaching had satisfied the medical world for centuries.

His description of the mechanism of labor in occipito-anterior positions essentially agrees, so far as it goes, with what would be taught to-day. "The *Uterus* contracts, the pains become quicker and stronger, the crown of the head is pushed down to the lower part of the *Pelvis*, against one of the *Ischia*, at its lower extremity; the forehead being at the upper part of the opposite *Ischium*, is forced into the hollow of the under part of the *Sacrum*, while the *Vertex* and hindhead is pressed below the *Os pubis*, from whence it rises in a quarter turn," etc.

A large portion of the work is devoted to instrumental delivery. In referring to the invention of the forceps he speaks of the instrument having been "kept as a nostrum" by the Chamberlains until the year 1733, when a description of it was published by Chapman. How this use of *nostrum* at first strikes one as incorrect! And incorrect we find it too according to our American lexicographer. But etymology is worth more than a dictionary's definition, and it tells us Smellie was right in the application of the word. Indeed we sometimes need at the present day just such use of *nostrum*.

Of Smellie's forceps, straight and curved, we have not time to speak, save to remark that the changes from the original instrument of Chamberlain were more important and valuable than any made in them from that day to this.

As illustrating the requisite secrecy with which forceps were then used, he directs that after the delivery of the child with them "wipe the blades singly under the cloaths, and slide them warily into your pockets," adding, "Though the forceps are covered with leather, and appear so simple and innocent, I have given directions for concealing them, that young practitioners, before their characters are fully established, may avoid the calumnies and misrepresentations of those people who are apt to prejudice the ignorant and weakminded against the use of any instrument, though never so necessary, in this profession; and who, taking the advantage of unforseen accidents which may afterwards happen to the patient, charge the whole misfortune to the innocent operator."

His chapter upon the *Management of Women during the Month,* including directions for making white and brown caudle — the former consisting of gruel boiled with mace and cinnamon, and white wine and sugar added; the latter differing in that the wine is replaced by ale—is very interesting. One passage we must transcribe as indicating the great importance attached by Smellie to securing rest for the patient, even though some of the means advised, such as stuffing her ears with cotton, would hardly be insisted upon to-day. "As to the article of sleeping and watching, the patient must be kept as free from noise as possible, by covering the floors and stairs with carpets and cloths, oiling the hinges of the doors, silencing the bells, tying up the knockers, and in noisy streets strowing the pavement with straw; if notwithstanding these precautions she is disturbed, her ears must be stuffed with cotton, and opiates administered to procure sleep; because watching makes her restless, prevents perspiration, and promotes a fever."

One can not read these directions, so full and minute, without a smile; but after the smile comes the reflection that herein is revealed one secret of Smellie's great success — looking well to details, attention to the little things. And while we may not find it necessary to oil hinges or stuff a patient's ears with cotton, we will be wise if we learn to imitate his example in neglecting nothing, no matter how small or trivial, that will conduce to her comfort.

But we will not prolong this consultation with an old author, one who stands forth as the chief representative in the eighteenth century, if not a more illustrious name than any in preceding centuries, of the British school of obstetrics. Smellie was to obstetric science and art what in the seventeenth century Sydenham was to medicine and Richard Wiseman to surgery. We are glad that his works are to be republished, and that the edition is to be issued under the editorial supervision of the ablest and most celebrated of living British obstetricians, Dr. Robert Barnes.

INDIANAPOLIS.

MANAGEMENT OF THE GOUTY TEMPERAMENT.*

BY ALFRED L. CARROLL, M. D.,

Consulting Physician to the Smith Infirmary, Long Island; Member of the Medical Society of the County of New York, of the New York Society of Neurology, etc.

The "gouty temperament" depends upon excessive formation or deficient elimination (or both) of lithic or uric acid, a substance resulting from the waste of albuminous tissues and the surplus albuminous matter taken as food. One of the most important functions of the liver seems to be to convert this waste or surplus into urea, a still more highly oxidized product than lithic acid, in which form it is excreted by the kidneys. Hence, says Dr. Murchison,† "when oxidation is imperfectly performed in the liver there is a production of insoluble lithic acid and lithates instead of urea, which is the soluble product resulting from the last stage of oxidation of nitrogenous matter."

This "lithæmic" condition does not always manifest itself by recognizable attacks of old-fashioned gout, but is often responsible for a long list of more or less obscure ailments, from "gravel," "gall-stones," various skin-eruptions — like eczema, nettlerash, boils, etc. — down to digestive disturbances — vertigo, irritability, or mental depression amounting sometimes to hypochondriasis, lumbago, various neuralgias, catarrhal susceptibility, irregular action of the heart, and a host of other disorders. The accumulation of fibrin in the blood, which is characteristic of rheumatism, may also arise from a retardation of the destruction of this substance by the liver.

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* Read before the New York Medical Journal Association, November 19, 1875.

† Croonian Lectures on Functional Derangements of the Liver, 1874.

Now to obviate this condition there are three indications to be fulfilled: 1. To limit the supply of nitrogenous matter so as to leave little surplus beyond the requirements of nutrition; 2. To promote oxidation; 3. To increase elimination.

The first of these objects is to be attained by diet; regulating both the quantity and quality of food, and refraining from substances which impede the destructive metamorphosis. To quote Murchison again, "Gradually the patient is taught by experience to become more careful as to what he eats and drinks. One thing after another he is forced to give up. First he renounces malt liquors; then he discovers that port-wine, Madeira, Champagne, and Burgundy disagree, and he betakes himself for a time to 'dry sherry;' but at length this does not suit, and after an interval, during which a trial is made of claret or hock, the patient, probably under medical advice, finds temporary relief from the substitution for wines of brandy or whisky largely diluted with water. At last—unless he be misled by the fashionable but to my mind erroneous doctrine of the present day, that alcohol in one form or another is necessary for digestion or to enable a man to get through his mental or bodily work—he finds that he enjoys best health when he abstains altogether from wine and spirits, and drinks plain water. The patient goes through a like experience with regard to solid food. One dish after another, very often what he likes best, has to be given up, until at length—if he be well advised, and have the sense to follow the advice—he restricts himself to the plainest food in moderate quantity. As a rule, those articles of diet are most apt to disagree which contain much saccharine or oleaginous matter, and not, as might perhaps have been expected, nitrogenous food, if plainly cooked. In most of these cases the digestion appears to be strongest in the morning, and the patient suffers from late dinners or suppers."

The foregoing remarks, though referring to an advanced condition of lithæmia, embody the principles to be applied to the prevention or amelioration of the earlier stages. Without actually prohibiting all the luxuries of the table, we should reduce to a minimum the amount of those which are likely to aggravate the trouble.

As regards quantity of solid food, a healthy, ordinarily active body demands daily about one-and-a-half per cent of its own weight;* and this ration in a typical diet should comprise about nine ounces of albuminates, six ounces of fatty matter, and twenty-five ounces of carbhydrates, as starch and sugar; or, roughly estimated, one part of animal to three of vegetable food. Where we have to deal with the lithæmic tendency the proportion of animal food may advantageously be somewhat further reduced, especially when the urine becomes turbid with lithates on cooling. At all events, an excess of albuminous food is always to be avoided; as, for that matter, is also an excess of carbonaceous material, particularly of starchy substances, which many gouty digestions find difficulty in managing. Indigestible and highly-seasoned dishes are of course to be shunned; fried articles, pastry, and in general all greasy or sugared cookery should be forbidden. Among fish salmon is the most objectionable one, from the quantity of oil which its flesh contains. Ripe fruits are harmless, if not beneficial.

Malt liquors and the stronger wines have the effect of retarding metamorphosis, and are therefore unadvisable.† If wine must be taken at dinner, the least injurious is claret or hock; better still, brandy or gin in small quantity and greatly diluted; best of all, simple water. No sweetened alcoholic drinks should be taken at any time. Coffee and tea in moderation do no harm, though I question if they do any good.

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*That is, about one per cent of "water-free" solids. In other words, a man weighing one hundred and fifty pounds requires about two and a quarter pounds of so-called solid food in every twenty-four hours.

†I have observed that where beer and wine produce rapid diuretic action, as they do in some persons, they seem to have least effect in aggravating the lithæmic tendency.

Our second object, to promote oxidation, is to be gained by regular exercise in the open air, and by no other means. The more exercise a lithæmic person can take, short of exhausting fatigue, the better for him. Walking, horseback-riding, outdoor sports of all kinds, are to be commended. Without exercise no alkaline dosing will supply the needed oxygen.

To favor elimination, the first place must be accorded to pure water, drunk beyond the demands of actual thirst. In many cases the simple procedure of taking a glass or two of water before breakfast and the same at bed-time will work wonders; but it is important that the water be really pure and not "hard." Filtered rain-water is about the nearest available approach to a typical tipple in this respect. When the urine is markedly acid or shows an excess of lithates, alkaline waters—such as lithia-water, Vichy, Carlsbad, etc.—are beneficial; but they should be taken at intervals, not habitually, and their use suspended when the urine becomes clear and loses its excessive acidity. I have lately tried—and, I think, with benefit—the biborate of soda (borax), in the proportion of twenty or thirty grains to the pint of water, of which two or three glasses may be drunk per diem. Borax is less apt to derange digestion than the alkaline carbonates, and is more effective than they in increasing the solubility of lithic acid, while it seems to be at least as efficient in augmenting the functional activity of the liver.

The action of the skin should be promoted by daily sponging, the use of the flesh-brush, etc.; and, when not otherwise contra-indicated, an occasional Turkish bath will be of service.

Medicinal agents may be required from time to time to obviate costiveness, to stimulate a sluggish liver, or to neutralize over-acidity. The bowels must be kept in natural action, but purgation is to be avoided, as experiment has demonstrated that cathartics, as a rule, diminish the secretion of bile, and presumably therefore all other hepatic functions. As a gentle aperient, the Rhamnus Frangula has lately been highly vaunted, and a limited experience inclines me to believe it of value in cases of habitual constipation, though I suspect that it acts rather on the lower bowel than on the upper part of the small intestine which we wish to reach in the lithæmic subject. If used at all, it should be given in small enough quantities to produce only a natural evacuation. My own decided preference is for the resin of podophyllin, which in less than cathartic doses is indisputably cholagogue. If a tendency to constipation occur, especially if the fæces show a deficiency of biliary color, a pill containing not more than a quarter of a grain of podophyllin, taken at bed-time for several nights running, will usually suffice to produce healthy action.* If further aid be needed, a short course of Friedrichshall water, in wine-glassful doses before breakfast, may be serviceable, but it should ever be borne in mind that nothing does more mischief in such cases than the abuse of purgatives. Even where gouty symptoms call for colchicum the best results of this latter drug will be obtained by avoiding its cathartic action. If we have to deal with a *bon vivant*, who will not restrain his appetite, the time-honored

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* This paper was written before I had seen the recent report of Rutherford and Vignal, whose "Experiments on the Biliary Secretion of the Dog" confirm my clinical confidence in podophyllin. But, taking a hint from the discovery by these gentlemen that the cholagogue action of the drug was increased by suspending it in bile prior to administration, I have since prescribed it in combination with ox-gall, *e. g.*:

℞. Resin podophyllin, ... grs. ij;
Fellis bovin. inspissat., . . . grs. xvj.
Saponis, ... q. s. M.

Ft. mass in pil. viii divid. Thus combined the sixth of a grain may prove in some instances a sufficient dose.

"dinner-pill" may be of use to hurry the over-eaten food along before the absorbents have time to gorge themselves; and for this purpose I occasionally prescribe a pill consisting of a grain each of rhubarb and extract of aloes with a quarter or half a grain of extract of nux vomica, to be taken about half an hour after dinner. Whenever practicable, however, I would rather employ moral suasion than physic.

The dyspeptic symptoms which sometimes arise in these cases are to be met with such remedies as the circumstances may indicate. Alkalies are frequently of value in relieving heartburn, palpitation, and other gastric disturbances, and I have found much benefit from a formula recommended by Dr. Horace Dobell; viz., equal parts of bicarbonate of soda and powdered calumba with the same or half the quantity of powdered ginger, about twenty grains or a small salt-spoonful to be taken just before eating. In rarer cases, when flatulence is troublesome, dilute nitro-muriatic acid may do good; and, according to Murchison, there are instances in which "both acids and alkalies may be given advantageously, the alkalies before and the acids after a meal."

Chloride of ammonium in scruple doses thrice daily is highly commended by Murchison as increasing metamorphosis and elimination, and relieving hepatic congestion. It may be combined with either alkalies or acids. For a similar purpose, it will be remembered, Dr. Buckler suggested, some years ago, the treatment of gout with ammonium phosphate, a double decomposition being supposed to produce soluble lithate of ammonia and phosphate of soda.

With the treatment of gout, however, or of other acute manifestations of the lithæmic constitution, I have no present concern; my object has been solely to present a few practical suggestions for the management of the condition which may or may not lead to such acute outbreaks, but which is sure, if uncontrolled, to subject its victims to much annoyance.

New York.

FETAL PHYSICAL DIAGNOSIS—ANALYSIS OF A SECOND SERIES OF ONE HUNDRED AND SIX CASES.*

BY FRANK C. WILSON, M. D.,
Professor of Physiology and Clinical Medicine in the Hospital College of Medicine.

It has been now two years since I published a paper in the American Practitioner upon the subject of fetal physical diagnosis, based upon the analysis of one hundred and twenty-six cases in hospital and private practice. Since that time I have examined nearly two hundred cases, but of many the notes have been so imperfectly preserved as to be unavailable. I have, however, accurate notes of one hundred and six additional cases, an analysis of which I will present to-night, that I may thus show more forcibly the exceeding great importance of this method of diagnosis as better fitting us for our duties as obstetricians. Many children, and mothers too, have been sacrificed for the want of a little knowledge which this simple examination would have afforded before delivery. The more I have practiced it the more have I become convinced of its great importance, and astonished at the almost utter disregard among obstetricians of the great assistance it renders in the management of labor cases.

By fetal physical diagnosis we mean the application of the various methods of physical diagnosis to the examination of the fetus in utero.

It is best always to make this examination several weeks before delivery, for information gained at that time may be the means of changing an unnatural into a natural labor, and possibly of saving the lives of both mother and child. I make the assertion boldly that were this method of examination in successful and universal practice among obstetricians the operation of internal version for shoulder-presentation would soon pass into oblivion; for nothing is easier than to recognize these cases, and they are just as easily corrected by external version; and yet we hear constantly of children thus lost and mothers greatly endangered for the simple lack of knowledge so easily acquired. We need never then hear of the puncture of the pregnant uterus and possibly the destruction of the fetus by the trocar used for the removal of the supposed ascitic fluid, nor of the contemplated operation of ovariotomy for the removal of a live fetus at six or seven months. A knowledge of fetal auscultation would have prevented many a miscarriage brought on by the imprudent use of the uterine sound.

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* Read before the Louisville Academy of Medicine, November 26, 1875.

Not only may we thus learn the presentation and position of the child, but its condition and sex may be determined with more or less accuracy. In cases of protracted labor the failure of the strength of the child may be detected in time to save its life by manual or instrumental assistance; the location of the placenta is easily determined, so that, if adherent, the knowledge is of great use in its removal; disease of the placenta may sometimes be detected. Very few patients, when the subject is presented to them in the proper light, will object to the examination, and when it is over they will respect you the more for it. The patient should lie symmetrically upon her back, with the thighs very slightly flexed and the abdomen lightly covered.

Inspection, palpation, percussion, and auscultation will each in its turn be of service.

By inspection we may learn the general contour of the abdominal enlargement, whether it be the usual pear-shape or broader, as is the case with shoulder-presentations. Where there are twins placed side by side there is usually a depression or sulcus between them, and the uterus is broader transversely.

By percussion we mark out the outlines of the tumor which gives dullness, while the stomach above and the intestines on either side give tympanitic and tubular resonance.

By palpation we can not only feel the outlines of the uterine tumor, but can frequently recognize the prominent parts of the child, as the round, hard, bony head; the softer, more cushiony breech; the knees, the feet, the elbows, and the back. The movements of the child may also be recognized, if alive.

Auscultation is by far the most important, and by it we may learn whether the fetus is alive, and its condition; the presentation, the position, and the sex; the location of the placenta and funic obstruction, and after delivery frequently the time of actual separation and tearing off the placenta. There is no necessity for the use of a stethoscope, as the ear placed upon the abdomen can recognize and locate the various sounds. The gurgling sounds formed in the bowels are easily recognized, and of course disregarded.

The soft blowing murmur synchronous with the maternal pulse is the utero-placental bruit, and is heard most distinctly over the seat of the placental attachment. The sound varies very much, and during a pain is at first intensified, then abolished, to return again when the pressure from the contracting uterus subsides. In this way we may distinguish spurious and inefficient pains from the genuine and more efficient ones. When the placenta is being torn off by the contracting womb we may hear a distinct tearing-sound, and the placental bruit will cease.

The sounds produced by the movements of the child are of two sorts; either of a rubbing character, when caused by its changing position and rubbing against the uterine walls, or like a stroke, as when the child strikes its limbs against the uterine walls.

The rapid double pulsating sound is the fetal heart-beat, and will be found to vary from 110 to 170 per minute, thus easily distinguished from the maternal heart-sounds, which are sometimes heard even in the abdomen. Notice its fullness, strength, and regularity, as indicating the condition of the child, the more important during a tedious labor, when a failure in its strength would warrant manual or instrumental assistance.

The point at which it is heard with greatest intensity will indicate the presentation and position of the child. From the manner in which the fetus is folded up in the form of an ovoid, with the arms flexed upon the breast, it follows that the heart-sounds will be transmitted most distinctly through the back; and, as the heart is in the cephalic half of the ovoid, necessarily we will have a vertex or breech-presentation, according as the sound is heard in the lower or upper segment of the uterus, and the occiput will be to the left or the right, as the heart is heard to the left or the right of the median line. We have thus the data for determining both the presentation and the position.

In cases where there are twins we will hear the heart-sounds at two points, usually differing in rapidity, and generally one in the lower and the other in the upper segment of the uterus.

It is important to note the rapidity of the heart-sounds, for we may thus tell with more or less certainty the sex of the child. In tabulating a large number of cases, varying from 110 to 170, I found the average was 134 to the minute. I take this therefore as the dividing-line between the sexes. Above that point the sex will be female, the certainty increasing the higher the number; below 134 the sex will be male, increasing in certainty as you descend. In a former paper, from an analysis of one hundred and twenty-six cases, I tabulated the following rules for determining the sex:

From 110 to 125 almost cetainly male.
“ 125 to 130 probably male.
“ 130 to 134 doubtful, with chances in favor of male.
“ 134 to 138 doubtful, with chances in favor of female.
“ 138 to 143 probably female.
“ 143 to 170 almost certainly female.

Out of one hundred and six cases whose record has been kept, of those whose hearts beat from 110 to 125 there were thirty-five males and two females.

From 125 to 130	13 males and 2 females.
“ 130 to 134	8 males and 4 females.
“ 134 to 138	5 females and 2 males.
“ 138 to 143	7 females and 2 males.
“ 143 to 170	24 females and 2 males.

Thus we see that although the sex may not be determined with absolute certainty, yet we can certainly make a very shrewd guess.

Occasionally there is heard a soft, blowing murmur, resembling the placental bruit, but differing from it in rhythm, being synchronous with the fetal heart instead of the maternal pulse, This can only be caused by some obstruction to the circulation in the funis. An obstruction sufficient to give rise to a murmur may be caused, *first*, by simple compression of the cord between the prominences of the child and those of the mother. In this case it would not be permanent, but would probably disappear whenever the child changed its position. *Second*, by a knot in the cord, as sometimes occurs where the funis is long and the child slips through a loop in it, and the knot may afterward become drawn so tight as to obstruct the circulation. In this case the bruit would be permanent, but might be heard at various points, not being confined to one place, and moving with each movement of the child. *Third*, by the cord being twisted around the neck of the child, particularly if it be passed around more than once. In this case the bruit would be permanent and heard near the situation of the neck of the child, usually just above the pubis. Hearing this should warn the obstetrician to be on the lookout for that complication. The only remaining sound which may be heard is produced by the decomposition of the dead fetus. The gases generated make their way through the tissues with a fine crackling noise, which can be distinctly heard, particularly when pressure is made upon the tumor. Where all the other fetal sounds are absent, and this crackling sound is heard, we may safely conclude that the fetus is dead, and that decomposition has commenced.

In the study of this subject I have been intensely interested, and I have presented it with the hope of awakening a more general interest in a practice which I believe will greatly tend to mitigate the horrors of that ordeal through which all mothers have to pass.

LOUISVILLE.

SALICYLIC ACID IN SEPTICÆMIA.

BY S. V. FIROR, M. D.

The frequent commendations of salicylic acid as an antiseptic of superior value, found in the medical literature of the past year, led me to test its properties, administered internally, in a clear case of septicæmia. Hitherto its properties as an antiseptic were mainly inferred from experiments made externally, etc. By parity of reasoning it was thought that the case subjoined was a suitable one to test the therapeutic value of this new agent in counteracting and correcting the poisoned condition of the blood and system from the absorption of putrid matter. With this view the case is submitted, in the hope that the reader may draw such conclusions as will either lead to a more thorough trial of the drug or condemn its use altogether.

Miss B., aged twenty years, nervo-sanguine temperament, fair complexion, blue eyes, and clear skin, enjoying fair health, was taken unwell early in August, and after a few days of indisposition I was called to see her on the 10th of the month. She had then the symptoms of a mild type of remittent fever, with some tenderness on pressure, and pain over the region of the short ribs on the left side. After treating the case for some five or six days with repeated doses of calomel, ipecac., and rhubarb, and with suitable doses of quinine during the remissions, I found that the disease was so interrupted as to lose its typical character; the fever, which was now light and of short duration, only appearing at irregular intervals during the twenty-four hours. Still the pain in the left side had not disappeared. Applied a blister over the part, with some but not entire relief. Appetite not increasing, kept patient on tonic doses of quinine, with an occasional dose of calomel. For the succeeding ten days I did not deem it necessary to see her oftener than once in two or three days, during which period she improved so as to be able to sit up part of the time, feeling a little stronger, but with very little increase of appetite.

I was now necessarily away from home, being absent ten days. On my return I found my patient not so well as when I left. She now had slight fever, which would come and go several times during the twenty-four hours, with occasional sweating, but without periodicity; pain in the side still located over the splenic region; no enlargement discernible; left leg somewhat flexed, with some pain coursing down the thigh, seeming to start from the side affected, and which was increased on every effort to straighten the limb; pulse 96 to 100; tongue somewhat coated, with red tip; slight hectic appearance on left cheek. Was treated with acid nit., six drops three times per day; two grains of quinine every four hours, with nourishing diet; anodyne lotion to the side. Continued the quinine, and gave a table-spoonful of the saturated solution of chlorate of potash three times per day, with hop and linseed poultices to side. No material change occurred for five or six days, when I expressed to the family my fears of the formation of a psoas abscess. This opinion was strengthened from day to day until five days later, September 14th, when I thought I could detect fluctuation. My friend, Dr.

Kincaid, concurred in the opinion that an abscess had formed, which was unequivocally confirmed by the introduction of an exploring-needle.

The patient was immediately put under the influence of anæsthesia, and a trocar introduced to the depth of an inch and a quarter midway between the edge of the ribs and the superior crest of the ilium. Leaving the canula remain for twelve hours, as the matter was thick and discharged slowly, fully sixteen ounces of healthy-looking pus were drawn off. Put patient on a highly supporting treatment; viz., three grains of quinine every four hours, with six drops of muriated tinct. of iron; ale, eggs, and whisky. Could introduce the probe through the opening two inches toward the bowels. The discharge was quite copious for a number of days. Injected an ounce or two of carbolized water, of the strength of six drops of the acid to one ounce of water, once or twice per day. Continued treatment as above, with but little change, for ten days, the pulse seldom exceeding one hundred; but for several days past the discharge has assumed a purulent character, with much fetor; some hectic flush on left cheek remaining a short time, and then passing off.

September 26th—Some cough appears, but no expectoration, though the fetor, like that of rotten onions, accompanying the discharge now affects the breath when patient coughs; tongue red; pulse 110; hectic flush more distinct; some dullness at the base of left lung; the discharge is copious and very offensive.

September 28th—This evening patient had a violent fit of coughing, with some expectoration, which was so offensive as to be almost suffocating to her. The lower lobe of the left lung is now evidently breaking down, doubtless as the result of absorption and transfer of purulent matter from the abscess to the lung—septicæmia.

The threatening aspect of the case caused me to ask for further counsel, when Dr. Mountmollen, of Ashland, and Dr.

Kincaid, of this place, were called. As the result of the consultation, the diagnosis being clear and the case deemed rather hopeless, it was determined to continue the treatment above outlined; and in addition it was agreed that the value of salicylic acid as an antiseptic, administered internally, should be tried. It was given, in a mixture of gum acacia, in doses of four grains every six hours; while an injection of two grains to the ounce was thrown into the abscess several times a day; also added to the sustaining treatment the extract of beef, wine, and iron four times per day.

On the morning of the 29th, having been called away, I left the case in charge of Dr. Kincaid. On the 30th a consultation was held, to which Dr. Martin, of Ashland, was added. Diagnosis confirmed and treatment continued. On the 5th of October, when I again took charge of the case, I found the abscess discharging less matter, and that not near so offensive; cough considerable and expectoration free and easy, but less fetid; tongue still red, with aphthæ on the sides; still some hectic, but not so marked; pulse 100 to 110; evidently an abscess at the base of the left lung, with some dullness at the base of the right lung; patient can now move her left leg and nearly straighten it, with but very little pain. Resumed the use of the solution of chlorate of potash, which had been discontinued for a week, and continued the other treatment, increasing the salicylic acid one half.

Five days later the discharge from the abscess was quite laudable, and there was a marked diminution in quantity; still cough, expectorating easily a considerable amount of pus; cavity seems to be extending upward; dullness of the lower lobe of right lung more marked, but no evidence of breaking down of lung-tissue. Continued treatment.

October 18th—A close examination of the chest reveals extended dullness on right side, with here and there small points indicating the presence of pus; base of left lung as before; upper portions normal; expectoration easy and rather copious; tongue appears nearly normal; appetite good; pulse 96 to 100. Continued treatment with but four grains of acid three times per day.

During the six subsequent days up to the 24th there was not much change, other than a gradual gaining of strength; less cough and expectoration, with (except now and then) an almost entire absence of any offensiveness of breath or expectoration; bowels quite regular; appetite remarkably good; tongue perfectly clean and natural in color; pus from abscess scanty and entirely laudable.

October 27th—Improvement still more decided; cough much less, especially during the last thirty-six hours, with much less expectoration, and this not fetid. Continued treatment, omitting chlorate of potash.

November 1st—During the past few days the cough has diminished and the character of the expectoration changed to that of a whitish, frothy mucus, with some pus; returning resonance is audible at the base of the right lung; patient rests well at night; has scarcely any cough and but little expectoration; no hectic flush; pulse more normal; feels stronger and looks better; still that hollow sound over base of left lung exists, indicating the presence of a cavity; abscess discharging small quantities of quite laudable pus. Discontinued the salicylic acid; continued other treatment.

November 7th—Still improving in general strength and every way apparently; sat up an hour yesterday; no return of fetor, either of pus or breath. Continued treatment.

November 9th—Sitting up in an easy chair, feeling well; very little cough, and the improvement seems to continue without the slightest indication of any return of the septic symptoms, though nine days have elapsed since the discontinuance of the acid.

Remarks.—Whether this patient will be fully restored to health is yet a question, for one lung is very much injured, while in the other there seems to be a predisposition to be affected by the sudden atmospheric changes of our winters. However, so far as the practical inference in regard to the indications met by the administration of salicylic acid, the case has reached a crisis affording us data of sufficient value to form an opinion as to whether it exerted any part toward the result obtained. That we may the better judge I will here state that while it is not known what caused the abscess, yet from the family history we are warranted in believing that the patient inherited a scrofulous diathesis, which no doubt predisposed to the development of the abscess, as well as to the rapid transfer of the putrid matter to the lung, and its breaking down, which fact gives additional value to any therapeutical means that would modify a disease of such a threatening and almost invariably fatal character; for let it be observed that when the acid was added to the treatment she had already been under the effects of some of our most valued antipyæmic remedies, and at the time the case was deemed by the council almost hopeless. From the time the acid was first given until its use was suspended, in all thirty-one days, about four hundred and twenty grains were given.

The improvement in regard to the fetor of the pus from the abscess, as well as from the expectoration and breath, was quite perceptible inside of five days from the time the acid was first given, notwithstanding this seemed the very period when the greatest amount of lung-tissue was being broken down.

CATLETTSBURG, KY.

Reviews.

Report of the Health-officer of the City and County of San Francisco for the Fiscal Year ending June 30, 1875. By HENRY GIBBONS, M. D., Health-officer. San Francisco, 1875.

The annual reports of the various health-officials of the United States constitute a very important part of the sanitary and medical statistics which reach the tables of the profession. It is to be regretted that no action has yet been taken by the General Government toward so important a matter as the collating of the vital statistics of the United States, and of placing such condensed information at the service of the profession. The territory of the United States affords unrivaled advantages for collecting the most valuable information. Forty millions of people of all nationalities are congregated within its borders, scattered from the Atlantic to the Pacific oceans, from the almost endless winter of Alaska to eternal summer of Florida.

The vast region lying between 10° east long. and 50° west long., and between 10° to 60° of latitude, with the great diversities of climate and altitude, should be made subservient to sanitarians. The enterprise is, however, so vast that it can only be handled by the General Government.

From the report of Dr. Gibbons we learn that in the city of San Francisco, with a population of 230,132, of whom 19,000 were Chinese, there were during the fiscal year 4,163 deaths and about 6,000 births. It is of interest to note among the causes of death that phthisis pulmonalis is credited with 555 deaths, pneumonia with 263 deaths, puerperal diseases with but 55 deaths. Among the Chinese inhabitants of the city 453 deaths are recorded, but of this number in but 90 cases was any cause of death recorded. This fact arises from these people being almost universally attended by their own physicians, "whose certificates of death, even could they be read, are not to be accepted."

The total mortality of the city for the past year was but 150 more than that of the previous fiscal year. "The marked improvement over the preceding year is at once manifest when it is recollected that while the mortality has increased less than four per cent, the population has increased fully fifteen per cent." Space forbids a more extended notice of this report, which is one of the most valuable of this year's series.

E. M'C.

Transactions of the Medical Society of the State of West Virginia. Eighth Annual Meeting, held at Point Pleasant, June, 1875. Published by the Society, at Wheeling, W. Va., 1875.

The pamphlet in question opens with a copy of the constitution and by-laws of the society, which is followed by the minutes of the last annual meeting and the customary address of the president.

Dr. S. L. Jepson, the health-officer of Wheeling, contributes a report on the epidemics of that city since 1872. They were, in order of enumeration, puerperal fever, typhoid fever, cholera, and scarlatina. Of this report some nine pages are devoted to the subject of cholera, and consists of a history of the local epidemic, which has already been twice given to the profession. It is to be regretted that this truly valuable paper should have been so often reproduced as to lose the charm of novelty. Dr. W. H. Sharp furnishes an abstract of authorities for the use of forceps in midwifery, without, however, advancing any new or original suggestions. Dr. Sharp also contributes a short report upon climatology and epidemic diseases. Dr. Hazlett reports a case of abdominal tumor, Dr. Knight a case of strangulated hernia, and Dr. Hollihen the results of a plastic operation for restoration of the lower lip. The cream of the entire work is to be found in the series of surgical cases presented by Dr. John Frissell, which are original and valuable. The volume closes with an account of a case of encephaloid abdominal tumor and the report on necrology. Upon the whole, this volume contains more original matter than is usually found in productions of this class. E. M'C.

The History of Anæsthesia. By EDWARD S. DUNSTER, M.D. Read at the annual meeting of the Washtenaw County Medical Society, Michigan. Reprinted from the Peninsular Journal of Medicine. Ann Arbor, 1875.

An interesting history of modern anæsthesia, in which the claims of Wells, Morton, Jackson, and Simpson to the credit of priority (an old story) are dispassionately canvassed. It not infrequently occurs that the world accords credit to the most persistent and loud-mouthed claimant. The individual who is possessed of but sufficient intelligence to avail himself of the industry and perseverance of others passes as a diamond of pure water, while the worker, from whose labors the rays of light have been extracted, remains in obscurity.

Dr. Horace Wells, of Hartford, Conn., in 1844 employed the nitrous oxide for the purpose of rendering individuals free from pain during the process of extracting teeth. He communicated his views to *his friends*, Drs. Morton and Jackson, of Boston. In 1846 Dr. Morton appeared with an agent to avert and annul pain, and claimed originality.

The employment of sulphuric ether for the relief of pain during a surgical operation was certainly original with Morton; but Frobenius, in 1730, had described the singular properties of the agent he employed, and the suggestion came from Dr.

Wells. Dr. Jackson, who had also been a recipient of the facts obtained by Wells, soon entered the field and disputed the claims of Morton. In 1847 Sir James Y. Simpson, at the suggestion of a Liverpool chemist, first employed chloroform, and by Simpson the term anæsthesia was introduced to the profession.

Dr. Dunster expresses the hope that "time, however, which is a great adjuster of right and wrong, and which sooner or later inevitably strikes a just balance for every one, will set all this straight, and yet award to Wells the credit of the original discovery and establishment of anæsthesia."

E. M'C.

A Series of American Clinical Lectures. Edited by E. C. SEGUIN, M. D. Vol. I, No. 9: "Peritonitis," by Prof. ALFRED L. LOOMIS, M. D. New York: G. P. Putnam's Sons. 1875.

For the valuable series of clinical lectures of which the present number is the ninth the editor deserves the greatest credit. The series so far contain lectures of Sayre, Jacobi, Flint, sr., Weir Mitchell, and others of equal prominence in their respective specialties, and when completed will be one of the most valuable works in the hands of practitioners. The low cost at which the series is issued places it within the reach of all. The present number will be found replete with the latest information concerning this interesting form of disease, and equal to any of its predecessors. E. M'C.

Clinic of the Month.

Pneumatometry.—In an elaborate and most instructive paper on this new means of diagnosis in lung-diseases, contributed to the New York Journal of Medicine by Professor Louis Elsberg, the following conclusions are stated:

"With pneumatometry the case is the same as it is with the other methods of examination, especially percussion and auscultation; it does not directly point out the presence of a particular disease, but it reveals certain abnormal conditions which may be caused by various accurately-recognizable diseases between which differential diagnosis has to decide. By means of the pneumatometer dyspnœa, difficulty of breathing, which could hitherto be denoted by indefinite expressions only, can be characterized with exactitude both qualitatively and quantitatively; the first by showing whether it is inspiratory or expiratory, or both combined, the latter by determining in figures its precise extent or degree. And not only can the difficulty of breathing be determined when it exists subjectively as well as objectively, but in the first beginnings of a respiratory insufficiency, before the patient himself is conscious of it (except perhaps upon very unusual exertion), before we can discover its existence by any other method of examination hitherto known, the pneumatometer may indicate a deviation from healthy respiration. Again, in obscure cases of differential diagnosis, the weight of the evidence supplied by the pneumatometer may turn the scale in the right direction when this might not be discernible without its revelation. The importance and value of pneumatometry can therefore not be doubted, and, without allowing it to take the place of other means of diagnosis, to it should unhesitatingly be awarded a prominent place alongside of the recognized and not-to-be-omitted methods of physical examination."

STRAPPING THE BREASTS TO PREVENT LACTATION. — Dr. Munson, of Otisco, N. Y., reports *(ibid.)* a number of cases where, it being desirable to arrest the flow of milk in nursing-women, the object was effected with uniform success by strapping the breasts. He says:

"Strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half way between the nipple and lower margin, draw the gland well up, and attach one end high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Do not skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape without burrowing beneath the plaster, pushing it off, and making a hot, disagreeable, irritating poultice. Several thicknesses of soft cloth should be placed over the nipple (when pervious) to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

"A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess."

ELEPHANTIASIS OF VERY LARGE SIZE REMOVED FROM THE EXTERNAL FEMALE GENITAL ORGANS.—Dr. C. B. Porter showed the specimens, and the following history of the case was furnished by Helen M. Marsh, assistant physician to the State

Alms-house at Tewksbury. The patient was thirty-five years of age, a single woman, and a prostitute. Three years ago the tumor was about the size of the fist, and when it was removed it hung down to the knees and measured ten inches in diameter. The patient suffered from the weight of the mass, and, when it was not supported, from great pain, so that she could walk but little. The urine also was constantly dribbling away. In appearance the tumor externally was warty, lobulated, and dark-colored for the most part, as usual. It was fleshy to the feel; it arose mainly from the clitoris and internal labia, and weighed after removal four and three quarters pounds. It was supposed, probably from the woman's habits of life, to be owing to syphilis. Dr. M. G. Parker, of Lowell, removed the mass with the galvano-cautery. There was no hemorrhage or any subsequent complaint, except of her stomach and of great thirst; but she sank and died in two days. The wound meanwhile had contracted well, so that but little was seen of what had been done.

In her stomach were found two balls, composed of straw, twigs, twine, tea-leaves, etc., resembling the hair-balls that are sometimes found in the stomachs of cattle. From the middle portion and toward the ends they gradually tapered to a point, and were there slightly connected. A third mass of similar material was in the duodenum. They were compact in structure and not at all digested. The stomach itself was not remarkable.

Two years before her death, which occurred March 27th ult., this patient was a healthy-looking woman, and weighed one hundred and seventy pounds, but during the last six months of her life she had become anæmic, and her weight was reduced to one hundred pounds or less. Her appetite was sometimes voracious and sometimes small, and after indulging it she often vomited. For several years she had been insane, and for nearly four months she was at the institution at Tewksbury. During this last period she had not walked out, but she would often tear her bed to pieces and scatter the straw around the room. No tendency, however, to the swallowing of such articles had been observed. After the operation, and when the straw was probably in the stomach, she took milk, eggs, beef-tea, and whisky. (The Boston Medical and Surgical Journal.)

INORGANIC CONSTITUENTS OF DRINKING-WATER.—The importance of rightly estimating the influence of the inorganic constituents of drinking-waters on the constitutions of consumers is forcibly presented in a paper, by W. J. Cooper, published in the Sanitary Record of September 11, 1875. Reference is made to the experiments of M. Papillon, communicated to the French Academy of Science, which showed that not only the food that is eaten by animals affects the composition of their bones, but that mineral matter in dilute solution is capable of being assimilated. The effect of altering the composition of the water-supply of a community may involve questions of vast importance to the organic structure of the human body. If the water contains lime, strontia, or magnesia, these may appear as phosphates of lime, strontia, or magnesia in the bones. Should these salts be deficient, the bones would be imperfectly supplied with mineral matter. By varying a water-supply it might be possible to alter the physical organization of a population, and in future ages, from the examination of the bones of bygone generations, the character of the water they were in the habit of drinking might possibly be deduced. While much attention is now being directed to organic impurity in drinking-water, the inorganic impurities have been almost overlooked, although there are numerous instances where serious consequences have arisen from the incautious use of deep spring-waters. Some time ago at Hendon, in Middlesex, an artesian well was bored to supply water for some valuable horses which were being reared there. The water was sparkling, pleasant to the taste, and quite free from any organic impurity. The foals, however, which drank the water soon died, and the whole stud was seriously affected with diarrhea. An analysis showed the water to contain sulphates of magnesia and soda in considerable quantity. On discontinuing the use of the water the disease was arrested. At Rugby the water from an artesian well free from organic impurity was hailed with satisfaction at its brightness. The community, however, were attacked with diarrhea caused by the Epsom salts present in the water, and the supply had to be discontinued, as there is no known method of freeing the water from sulphates. As is well known, goiter and other throat and glandular affections, and even idiocy, have been attributed to inorganic salts in drinking-water. If the entire organic structures of the human body are liable to alteration when excess of mineral matter is introduced into the system, it is important that health-seekers at the various medicinal springs should place themselves under competent medical supervision. One of the first considerations in the inauguration of a water-supply should be to insure a perfect freedom from excess of any mineral except those comparatively harmless ingredients, chloride of sodium and carbonate of lime. *(Ibid.)*

HEMORRHOIDS TREATED BY CLAMP AND CAUTERY. — Mr. Henry Smith, in a late lecture on his method of treating hemorrhoids and prolapsus (London Lancet), says in reference to hemorrhage:

"Hemorrhage, the most important matter in connection with the operation of the clamp and cautery, is important in two senses: first, because it is in reality the only objection to the operation; and second, it is the result against which the surgeon has most to guard, and unless he takes very great care it is an occurrence very likely to take place. I find, moreover, from what has been written, and from conversation with my professional brethren, that surgeons dread the performance of the operation from fear of this taking place. But I have no hesitation in saying that the bleeding which is most likely to be serious—viz., that which may take place immediately after the operation—ought not to occur, and that if it does happen it is either from the fault of the operator or from the use of defective instruments or an inefficient use of the cautery. As to my own results, I may state that in the whole of my four hundred cases, which have included many of the severest kind and huge size, I have never met with bleeding sufficient to necessitate plugging of the rectum; and not one of the house-surgeons of King's College Hospital have ever had to resort to that measure. In fact I have been astonished that a case has never occurred to me where this measure has been needful, as, especially in hospital cases, I have frequently been very sparing with the cautery, and have become emboldened by success from paying as much attention as I ought to prevent its occurrence. I have met with eight cases in which bleeding, either immediately on the operation or that which may be termed secondary hemorrhage, has taken place to such an extent as to demand very active measures short of plugging the rectum; and, curiously enough, at least six of these have occurred in my last series. I account for this—and glad I am, in one respect, to be able to say this—from my previous immunity causing me to take less precautions than I should. This little salutary experience has made me doubly careful, and I do not think that my future results will show any similar mishaps.

"One other point in reference to the result of this operation, about which I have often been questioned, is as to the liability to the occurrence of stricture. My experience shows that stricture is not likely to occur from clamping and cauterizing the mucous membrane, but it is just as likely to occur after this operation as after any other operation when the skin is too freely dealt with. I have had three cases where from this cause cicatrization of the skin caused a contraction of the anus; and hence I am extremely careful about the removal of skin, and only adopt this measure where there is an abundance of this tissue, or where, in consequence of great weakening of the sphincter, it is necessary to produce firm cicatrization. If, however, I am obliged to remove skin at all freely, I always make a patient use a bougie for a few weeks.

"In one instance only have I met with a case where a fistula resulted. In this case I had not the charge of the after-treatment, and therefore do not hold myself responsible for the result."

OVARIOTOMY.—We copy the following abstract of a report on ovariotomy, by David W. Yandell, M. D., from the Transactions of the Kentucky State Medical Society for 1875:

"It may be remembered by some members now present that in a paper entitled an 'Abstract of Six Cases of Ovariotomy,' which I had the honor of reading at the last annual meeting of the Society, I included a case where the operation was incomplete, by reason of the adhesions making it impossible to remove the cyst. I will not repeat here what I said then, but will take up the case where I left it at that time.

"The tumor continued to refill, and discharged great quantities of purulent fluid. Almost every known antiseptic and astringent injection was employed, but without avail. A large drainage-tube constantly worn became indispensable; frequent cleansing of the cyst was equally so. The patient, however, regained her health, and went to her home, in Illinois, in the summer. She has continued in good general health since, though unable to give up the drainage-tube until a few months ago, when it came out; and being unable to re-introduce it, she has since gone without it, while the cyst has not appreciably refilled. I hardly dare hope, however, that the cure will be permanent.

"I have performed ovariotomy but three times since I had the honor to be appointed a special committee on that subject. One of these, performed on a lady aged sixty from Lexington, Ky., and kindly sent to me by the late lamented Prof. Bush and Dr. Skillman, was successful, the patient returning home in six weeks after having a tumor removed which with its contents weighed one hundred and fourteen pounds.

"The second and third cases terminated very differently. The second case was placed in my care by Dr. Durrett, a medical friend living near Louisville. The patient was an unmarried lady, aged nineteen, of excellent constitution and health, from Anderson County, Ky. The tumor had been first noticed about two years before, had grown very slowly until a few months prior to its removal, and had been unattended by any severe attacks of abdominal pain, or until recently by appreciable constitutional disturbance. The abdomen was opened by the long incision; the contents of the tumor, which consisted of a straw-colored albuminous fluid, were drawn off, and the cysts removed with greater ease than I had ever met with in any previous operation. There were no adhesions. It was not necessary to carry even a finger into the abdominal cavity. The tumor was composed of one large and several smaller cysts, and weighed along with its contents about twenty pounds. On the second day after the operation peritonitis set in, and in two more days proved fatal.

"The third case was sent to me from Mississippi, and was in the person of a married woman, aged fifty, a mother, who had noticed an abdominal growth for some years before applying to me. It had been tapped many times, and large quantities of fluid had been removed. For many months before I saw her the tappings were required to be made in the epigastric region; for, if made below that locality, the amount of fluid which flowed away was too small to give any relief to the abdominal tension and dyspnœa, both of which at times were extreme. The lady was full of courage and of hope, with first-rate appetite and very fair general health. An incision through the abdominal walls revealed a multilocular tumor, which was so generally and firmly adherent that no amount of such skill as I possessed enabled me to detach it sufficiently to allow of the introduction of even the half of my hand. The tumor was tapped, but only a small amount of jelly-like fluid escaped. The gentlemen present all concurring that the operation could not be completed, the wound was carefully closed in the usual way. The patient experienced but little shock; but when made aware of the failure to remove the tumor she expressed extreme disappointment, soon became greatly depressed, and abandoned all hope, if not also all desire, of recovery. She died of peritonitis on the fourth day. Prof. Cowling, Dr. Roberts, and myself were occupied for more than an hour after her death in removing the tumor, which, originating in the left ovary, was attached literally to every thing in the abdominal cavity except the stomach. On examination it proved to be a mixed tumor—partly colloid, partly almost solid.

"These three cases, with the six previously reported, give me a total of nine cases, with five recoveries.

"In order to add to the interest of a report which, if it embraced an account only of my own work in this field within a twelvemonth, would be but a poor return for the honor done me by the society, I have endeavored to gather a brief history of the operation of ovariotomy as it has been done in the city of Louisville and the county of Jefferson. If I accomplish no other result by this undertaking, I shall at least lighten the labors of my successors in this field, by furnishing them in an accessible form with the statistics of the operation in this locality up to this date.

"The first ovariotomy performed in the city of Louisville was in 1848, and was done by the late Prof. Henry Miller;

the second was in 1849, by Prof. Gross; the third was in the same year, by Prof. Bayless. Dr. Miller did his second operation in 1859, his third in 1860, and all these were successful. Between the latter period and 1868 he operated on three other cases, all of which terminated fatally. Prof. Middleton Goldsmith did ovariotomy once in this city while residing here, but in what year I have been unable to ascertain. The result I learn, however, was unfortunate. The late Prof. Bayless operated five times in this city with a fatal result in every case. Dr. McLean, then professor of surgery in the Kentucky School of Medicine, and an operator of undoubted skill, operated in 1869. The patient, who was a young unmarried woman, resided in Louisville. Prof. McLean made the short incision, and removed a unilocular tumor, which was without adhesions. Death occurred in a few hours from shock.

"Dr. Garvin has given me the following account of his first and only case: Patient unmarried, aged thirty years, healthy; tumor first observed two years before operation, which was done in 1869; long incision; extensive adhesions; tumor multilocular; pedicle long, secured by ligature. Death in nine hours from shock.

"Through the kindness of Dr. Thos. J. Griffiths I have the following brief outlines of a case occurring in his practice, and operated on in 1872 by Dr. W. H. Newman, formerly of this city: Patient aged forty-four years, married; observed tumor four years before; had been tapped three times; long incision; no adhesions; tumor unilocular; pedicle secured by ligature; extra-peritoneal. Dr. N., being of opinion that the fatality which had attended ovariotomy in Louisville might perhaps be due in some degree to the nausea which so often follows chloroform narcosis, operated without an anæsthetic. His patient died two days after of exhaustion.

"My friend Dr. E. O. Brown has had one case of ovariotomy in his practice, the operation, at his request, having been performed by Professor J. M. Keller in November, 1873. The patient was married and aged thirty-five years. The tumor was multilocular; long incision; ligature; extra-peritoneal. The patient died in about thirty hours.

"Prof. Cowling has operated twice, both cases proving fatal. Prof. Ireland has operated once. The subject was forty-three years old, married; had noticed the tumor for several years. On one occasion one or more of the cysts had burst, the fluid escaping into the peritoneal cavity with evident diminution in the size of the tumor. She had at this time rigors, sinking, extreme abdominal pain, and other symptoms of peritonitis. Some months after this she was tapped and the fluid in the peritoneum withdrawn. Ninety days subsequent to the tapping the tumor was removed through the long incision and the pedicle tied externally. There were extensive adhesions. The patient recovered well from the chloroform, and for four hours was comfortable. She then vomited and experienced a gush of fluid from the wound. This she mistook for blood, and was seized with the apprehension of sudden dissolution. Although assured that no hemorrhage had taken place, she grew cold, the pulse sank, and in spite of well-directed treatment she expired within twenty hours. The cyst contained a bunch of hair as large as the fist, and several well-formed teeth, the roots of which were imbedded in the cyst walls.

"Prof. A. B. Cook operated on the following case in 1871: Mrs. ——, aged thirty years, the mother of three children, the youngest eighteen months old, had observed an abdominal tumor six months before. One of the cysts was emptied by the aspirator of six quarts of purulent fluid. A month later a multilocular tumor was removed by the long incision. There were very firm adhesions, embracing a large portion of the parietal peritoneum, the ascending and descending colon, and portions of the small intestines. The pedicle, which was short, was secured by ligature and dropped back into the abdomen, the ends of the ligature being brought out at lower angle of wound. Death ensued in seventy-two hours from shock. The autopsy revealed that the abdominal wound had united by first intention. Those portions of the peritoneum and intestines which had been adherent to the tumor were glued together by plastic fibrin; the pedicle was well glazed. There were no evidences any where of undue inflammatory action, and but a few spoonfuls of serum in the pelvic cavity.

"Dr. W. L. Atlee operated in 1872 in this city on a middle-aged unmarried lady, removing a unilocular unadherent tumor by the small incision. The patient died in about seventy hours from exhaustion.

"Dr. Dunlap, of Ohio, removed some time during the war an ovarian tumor in this city with a successful result.

"It will thus be seen that ovariotomy has been done in Louisville and Jefferson County thirty-six times, resulting in nine recoveries and twenty-seven deaths.

ANGINA PECTORIS.—Dr. Hamilton Osgood, of Philadelphia, in an exhaustive article on this disease in the October number of the American Journal of the Medical Sciences, reports the following cases treated by nitrite of amyl:

"*Case* 2.—This case is that of a young lady who suffers mild attacks of angina pectoris, which cause pain and a heavy feeling about the heart, pain which shoots up the left neck, and pain in the left arm, involving the third and fourth fingers, and producing a contracted left radial. In this case I have used no other remedy than the nitrite of amyl, to the effect of which the patient is exceedingly sensitive. I am unable to use more than three-drop doses, and generally during the second inhalation with a spasmodic shudder the patient flings herself away from the handkerchief. By this time, however, she is invariably relieved. The effect of the remedy upon her is unusually profound. She remains in a semi-unconscious state one to three minutes following the final inhalation. I mention her case in the present tense because, although much better, she continues to send for me at intervals of two or three months, in order to gain the relief which she never fails to find in a single inhalation.

"*Case* 3 was that of a young lady who received the attack while in church. I found her in a convulsive condition as to limbs and fingers, and unable to respond, being apparently unconscious to the sound of my voice. The right hand was occasionally clutched over her heart. There was the very small left radial pulse as compared with the right. Removing the patient to fresher air, I gave her brandy with aqua ammoniæ, meanwhile sending for nitrite of amyl. No change had taken place when it arrived. I administered two drops. With the first inhalation the patient, evidently startled, began to shriek wildly, in spite of which I continued the inhalation, and was rewarded by the return of her ability to speak. She felt relieved of pain, which had been 'frightful.' After two additional inhalations, which relieved her still more, the patient was removed to her residence, where, after one more administration of the remedy, I left her in comfort. On the following day she complained of a sore and heavy feeling in the cardiac region, for which I did nothing. The next morning she came to my office to ask relief from this discomfort. A single inhalation of the nitrite of amyl relieved her completely, and up to the present time (a lapse of thirteen months) she has suffered no return of the paroxysms.

"*Case* 4 was that of a fourth young lady, who for several months had experienced a dull pain in the cardiac region, no remedy which she had received having relieved her. I tried the effect of valerianate of zinc and Quevenne's iron. A slight relief was the result. Within three weeks of her first visit I was one day called to her house. Found her in a paroxysm of angina pectoris. I went prepared with the nitrite of amyl. She could not bear more than one drop.

Five inhalations of one drop each relieved her not only of the paroxysm, but also of all traces of the pain to which she had for months been the victim. Heretofore unable to move quickly, to go up stairs, or drive without additional pain, she subsequently was and has ever since been able to take long walks, dance, run up stairs, and ride horseback without the slightest sensation of discomfort.

"The three patients whose cases I have cited were of ages between nineteen and twenty-five years, and the closest examination revealed no hint of any affection of the heart.

"*Case* 5 was a female, aged fifty-seven years. The attack for which I treated her had been preceded during the past seven years by four others of a milder type. I found the patient almost in a state of collapse; face livid; surface of the body bathed in perspiration; pulses small, especially the left radial. There was agonizing pain about the heart, extending to the occiput, left shoulder, and upper left arm; singultus, globus, great dyspnœa, and difficulty of speech. The heart-sounds were weak but normal. The organ was acting irregularly. I administered nitrite of amyl, by inhalation, in five-drop doses. The patient experienced immediate relief, and in the course of thirty minutes resumed an almost natural look, color returning to the cheeks, breathing becoming much freer, and the ability to speak being restored. Attacks of lesser degree appeared during the next hour, which I vainly endeavored to relieve by hypodermic injections of morphia and a variety of powerful stimulants. The patient was growing rapidly weaker from the effects of the first paroxysm. Under the circumstances I felt unwilling to continue the use of nitrite of amyl, but nothing else gave her the slightest relief, hence I again administered it in smaller quantity. It quenched the pain and permitted the patient to assume a horizontal position. I then began to give her strong doses of brandy and aqua ammoniæ every quarter or half hour, but she gradually and quietly sank into a new collapse, which ended in death four hours after the first attack.

"Here was a case in which I found the patient in the very throes of death, out of which I am confident that nothing but the nitrite of amyl could have delivered her. She became sufficiently restored to receive the ministrations of her pastor, speak with her family, and be prepared for the end. Besides this, she was freed from pain, and died calmly. The shock and effect of the first spasm were more than her heart could bear with impunity, as will be seen by the details of the post mortem.

"The autopsy revealed a heart well covered with fat; valves normal; slight atheroma of the aorta ascendens; right ventricle extremely thin and flabby; left ventricle in an apparently fair condition, but rather light in color; papillary muscles shortened and thickened; liver markedly fatty. No other organs examined. The microscope showed that the muscular tissue of the heart was in a state of decided fatty degeneration. It is probable that this condition of the heart would be accused as the cause of the paroxysms by those who believe that angina pectoris *depends* upon a diseased state of the organ."

PROGRESSIVE PERNICIOUS ANÆMIA.—Prof. William Pepper, in treating of progressive pernicious anæmia, or anæmatosis, arrives at the following conclusions: 1. Progressive pernicious anæmia is identical with the idiopathic anæmia of Addison, and is in no sense a new disease. 2. It is in reality the medullary form of so-called pseudo-leukæmia. 3. As the primary and essential lesion in this and the analogous conditions (leukæmia and pseudo-leukæmia) appears to be an affection of the chief blood-making tissues—spleen, lymphatic glands, marrow of the bones—causing defective elaboration of the blood, it seems proper to select some name that will indicate this fact, as *anæmatosis*. 4. The changes in the blood consist of great reduction in its mass, with extreme diminution in the proportion of red globules, without increase in the white corpuscles; there are probably also changes in the vital properties both of the red and white corpuscles. 5. The other lesions — chiefly fatty degeneration of the heart and other organs, passive effusions, and hemorrhages—are secondary, and depend upon the blood-changes. 6. The symptoms are explicable, in great part, by the state of the blood and the condition of the heart. 7. The disease, when once fully established, appears to be invariably fatal. 8. The remedies which afford most prospect of relief are cod-liver oil, arsenic, and phosphorus. 9. Transfusion is only capable of doing temporary good. 10. The operation is not free from grave danger, owing to the feebleness of the heart and the small amount of blood in the vessels; and, in order to be safely employed, the amount of blood injected must be very small (three fluid ounces); it must be introduced very slowly, and the operation must be repeated at suitable intervals. It adds to the safety of the operation to inject the blood into a small artery instead of a vein.

POST-PARTUM PILL.—At Bellevue Hospital the following has a popular hospital reputation as a substitute for the regulation dose of castor-oil after parturition:

℞. Ext. colocynth comp., . . .	āā ʒiij;
Hydrarg. submuriat., . . .	
Ext. nucis vom., ...	āā grs. xx.
Pulv. aloes, ...	
Pulv. ipecac, ...	

M. et div. in pil No. 120. One to four to be taken at a dose. (The Medical Record.)

Notes and Queries.

To Specialists.—Dr. Robert Barnes is responsible for the following: "One lesson will be drawn from the clinical deductions made in these studies of the relations of bladder and bowel distress to disease of the neighboring structures. You will see how impossible it is to pretermit close examination of the surrounding organs without serious risk of overlooking conditions that may be fatal if neglected, and which may be remedied if discovered. While we are looking at the kidneys or the intestines, because they are disturbed in their functions, it may be the uterus or the ovaries that are in fault. We thus see how dangerous it is to practice in the spirit of pure specialism; how absurd it is to map out the body and assign particular territories to particular classes of practitioners. You will see how intimately, how indissolubly that part of medicine which takes for its basis the particular study of the generative system in woman is linked with the disorders of the alimentary, vascular, and nervous systems; that is, a pure specialty can not exist. A more monstrous thing can not be conceived."

Cholera in India.—The Prince of Wales has been brought to a standstill by the report of the prevalence of cholera near the route which had been marked out for his tour. He had expected to go from Bombay by rail to Madras, which would have taken him several hundred miles in a south-easterly direction across the peninsula; but the Neilgherry Hills, in which district the cholera is said to be raging, are only something like two hundred miles south-west of Madras, and while the prince would not have to pass through them, yet their proximity is too near for royalty on a tour of pleasure as well as business. The dispatches say that the prince will probably have to abandon his proposed visit to Madras, in which event we presume he will go directly across India to Calcutta. He had proceeded only as far as Poonah, a short distance from Bombay, on his southern trip, when he was arrested by the intelligence of the cholera; and he will probably return to Bombay and proceed thence to Calcutta by rail, a distance of twelve hundred miles or thereabouts. (Louisville Courier-Journal)

CHOLERA IN SYRIA.—The latest dispatches received by the sanitary board at Constantinople from Syria report that the outbreak of cholera appears to be declining every where except at Aleppo, at which place in one week, from August 8th to 15th, three hundred and forty-one cases and two hundred and fifty-three deaths were registered. At Damascus there were only nine new cases and twenty deaths from the 9th to the 11th of last month, while from the 12th to the 15th no further attacks were reported. In this immunity from the epidemic, however, the suburbs were not included, several cases having occurred there. At Antioch, from August 4th to 8th, three persons were attacked and two died. At Tripoli, on the 11th, there were five cases, of which one proved fatal; while at Beyrout, from the 8th to the 12th of the same month, forty-nine people were attacked, of which number twenty-eight died. At Lattakia, from the beginning to the 16th of August, there had been thirty-five cases and twenty-three deaths; and a few cases of the disease were lately reported from Sieuket Haib, in the Lebanon. (Medical Times and Gazette.)

EXTREME ARCTIC COLD.—A French journal recently reproduced a paper read this year by Payer before the Geographical Society of Vienna "On the Influence of Arctic

Cold," a few extracts from which are quite interesting. The author started on March 14, 1874, on a sledge, to make fresh observations on hitherto untrodden ice-fields. The cold on that day was 42° (Réaumur) below zero. After a time the spirit ration became as thick as oil, and lost its stimulating properties. It was impossible to smoke. Cigars and tobacco were turned into ice. Pieces of metal which the travelers had with them had the same effect when touched as red-hot iron. Great cerebral disturbance took place, accompanied with extreme thirst, difficult to assuage. Every noise was transmitted to a great distance. The senses of taste and smell were almost in abeyance. Mercury could be made into balls. The secretions were augmented, while perspiration entirely ceased. Lieut. Payer is known as an explorer of the highest veracity. (The Medical Record.)

How they Wean Children in China.—"At the age of two or three years take three of the fruits of the *Gardenia florida* and burn them black, add vermilion and a very little calomel, throw in some oil, and then paint over the eyebrows of the child during sleep, and when it awakes it will refuse the breast. If, however, this should prove ineffective, then paint the breast with Indian ink, and the child when it sees it will be afraid, and will refuse the breast." The Indian-ink method would n't frighten little darkies much.

To Remove Stains produced by the Nitrate of Silver. A few centigrammes of metallic iodine are placed in a saucer, to which a few drops of ammonia are added; then by means of a brush, or simply with the finger, the solution is applied to the stains. However old or extensive the stains may be, they disappear immediately. It is important to destroy the mixture afterward, since it is nothing more or less than the iodide of nitrogen, which when dry is an explosive body. This procedure is decidedly superior and more prompt in its action than the application of a solution of iodine or of the cyanide of potassium, without possessing the disadvantages of the latter. *(L'Abeille Médicale.—Le Bordeaux Médicale.)*

ANTISEPTIC EFFECT OF BENZOIC AND SALICYLIC ACIDS.—Prof. E. Salkowski, of Berlin *(Klin. Wochenschrift)*, has been making a series of researches with different disinfectants, and particularly with the two above mentioned. The result was markedly in favor of the benzoic acid, whose antiseptic properties were shown to be decidedly greater than those of salicylic acid. The result is quite opposed to that obtained by Kolbe in his recent but very well-known researches. Prof. S. thinks the reason of this lies in the different qualities of benzoic acid used. Benzoic acid obtained from balsam has a quite different odor from that obtained from urine, and may, it is likely, have a different effect. Whether or not this may be the reason, the fact of the superiority of benzoic to salicylic, as well as the superiority in cheapness of the former, renders its thorough trial very desirable. (Medical Times.)

CALIFORNIA BORAX.—The Alta Californian says, "The great borax lake will afford a very large business. Very extensive works are now nearly completed for the refining and purifying of this borax for shipment. Millions of tons of crude borax are in sight in this immense deposit. Stimulated by the action of the railroad company, the borax company have put up large works, and will soon be prepared to turn out from twenty-five to fifty tons of pure borax per day. This will add largely to the freights of the railroad. The deposit of borax is simply unlimited. It covers an area of eighteen miles in length by six to eight miles in width, covered with crude borax from three to five feet thick. The crude material will average from twenty to forty per cent. Ten thousand men would not take out the deposit in fifty years, and it is constantly increasing." In accepting the above account it is necessary to make due allowance for the enthusiasm of the journal, which thinks there is nothing small in its state. (Paint and Drug Circular.)

PERSEVERANCE REWARDED.—A Texas newspaper asks us to believe that Mr. Hugo Byer committed an elaborate suicide in the following manner, from which it would appear that Texas poisons are much like "western calomel:" "On the 19th he took two ounces of laudanum; on the 20th he swallowed another two ounces of laudanum and three ounces of chloroform; on the 21st he partook of two ounces of chloroform and one third of an ounce of morphia; on the 22d he took four ounces of chloroform, and on the 23d he drank two ounces of chloroform and one ounce of chloral. Still he lived until the 25th, when, in spite of the innocuous type of the poisons dispensed by the Texas drug-stores, he was still dragging out his existence. So much perseverance, however, must ultimately lead to results, and we are not surprised to learn that death at last closed 'this strange, eventful history.'" (New Remedies.)

DEATH OF PROF. HUGHES BENNETT.—We have the great pain to announce the death of Prof. Hughes Bennett, of the University of Edinburgh. The wearing illness under which Dr. Bennett has suffered for some time has been known to most of his professional brethren; the touching fortitude with which he endured those sufferings, the brave determination with which he nerved himself to the last to the fulfillment of professional studies; and the force and vigor which animated his attenuated features when detailing the last great work which he directed, the "Report of the Edinburgh Committee of the British Medical Association on the Antagonism of Medicines," fitly crowned the life of a man remarkable beyond any of his fellows for unflinching devotion to science, courageous defense of his personal and scientific convictions, unsparing denunciation of what he believed to be error, and resolute furtherance of the objects which he believed to be good for the university, the profession, and the science which he loved so much. He died from the after-effects of lithotomy on a system weakened by constitutional disease. He bore himself nobly during life, and he faced death with courage, resignation, and faith. We shall next week endeavor to do justice to the life, works, and character of this distinguished physician and biologist.

The remarkable success with which Dr. Hughes Bennett has, under circumstances which called for the display of courage, judgment, and energy, twice carved out for himself a successful and useful career, recalls a *mot* of the late Dr. Henry Wright, a friend and pupil. Referring to his singular tact, energy, and judgment, Henry Wright used to say that "if Bennett were stranded on an iceberg in the Arctic Ocean, he would infallibly create for himself a career among the whales, and end his life as consulting physician to the north pole and director of a sanitarium at the equator." (British Medical Journal.)

DR. EDWARD WARREN.—It will be remembered by our readers that Dr. Edward Warren, of Baltimore, left this country some three years since to serve in the army of the khedive of Egypt. Just as he had reached the highest position in that service, the office of surgeon-general of the Egyptian army, he was attacked with ophthalmia of a malignant form. After combating it by every possible means in Cairo, he was finally compelled to go to Paris for treatment, after six months of which he is now left with one eye permanently enfeebled, while the oculists declare that if he returns to Egypt the right eye will be compromised and lost. He has accordingly obtained an authorization to practice in France, and is, we understand, already in a fair way to become a popular practitioner in Paris. (Boston Journal.)

Patent Medicines.—During the past few years the South and West have been flooded by the advertisements of a so-called Dr. Pierce, and from the sale of his "favorite prescription" and "golden discovery" a tide of wealth has flowed into his pockets. We give the following formulas from an analysis made by Hager:

DR. PIERCE'S FAVORITE REMEDY.

	Grammes.		*Grammes.*
Savin,	10	Sugar,	5
Agaric,	5	Tinct. digitalis,	2
Cinnamon,	5	Tinct. opium,	2
Peruvian bark,	10	Alcohol,	25
Boil with water to	220	Oil anise,	gtts. viij
Add gum arabic,	10		M.

DR. PIERCE'S GOLDEN DISCOVERY.

	Grammes.		*Grammes.*
Honey,	15	Alcohol (64 p. c.),	100
Lactucarium,	1	Water,	105
Tinct. opium,	2		M.

International Medical Congress.—The medical societies of Philadelphia, animated by a just spirit of patriotism and an earnest desire to unite with their fellow-citizens in celebrating the centennial birthday of American independence, have taken the initiatory steps for the formation of an international medical congress by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given the delegation has organized the Centennial Medical Commission, with the following officers:

President—Samuel D. Gross, M. D., LL. D., D. C. L., Oxon.; *Vice-presidents*—W. S. W. Ruschenberger, M. D., U. S. N.; Alfred Stillé, M. D.; *Recording Secretary*—William B. Atkinson, M. D.; *American Corresponding Secretaries*—Daniel G. Brinton, M. D.; Wm. Goodell, M. D.; *Foreign Corresponding Secretaries*—Richard J. Dunglison, M. D.; R. M. Bertolet, M. D.; *Treasurer*—Caspar Wister M. D.

Arrangements have been made for the holding of the congress in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The commission propose the following general plan for the organization and business of the congress:

I. The congress shall consist of delegates, American and foreign; the former representing the American Medical Association and the state and territorial medical societies of the Union, the latter the principal medical societies of other countries.

II. The officers shall consist of a president, ten vice-presidents, four secretaries, a treasurer, and a committee of publication, to be elected by the congress at its first session, on the report of a committee of nomination.

III. The morning sessions of the congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the sections, of which there shall be nine, namely: 1. Medicine, including Pathology, Pathological Anatomy, and Therapeutics; 2. Biology, including Anatomy, Histology, Physiology, and Microscopy; 3. Surgery; 4. Dermatology and Syphilology; 5. Obstetrics and Diseases of Women and Children; 6. Chemistry, Toxicology, and Medical Jurisprudence; 7. Sanitary Science, including Hygiene and Medical Statistics; 8. Ophthalmology and Otology; 9. Mental Diseases.

IV. The language of the congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the congress a thoroughly international character invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position, and distinguished visitors may be admitted to membership by a vote of the congress.

Among the advantages arising from such a convocation as this not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships. The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome and a generous hospitality during their sojourn in the "Centennial City."

The congress will be formally opened at noon on Monday, the 4th day of September, 1876. The registration-book will be open daily from Thursday, August 31st, from twelve to three o'clock P. M., in the hall of the College of Physicians, north-east corner of Thirteenth and Locust streets. Credentials must in every case be presented. Gentlemen attending the congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, north-east corner of Locust and Thirteenth streets, Philadelphia, Pa.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the corresponding secretaries. All communications must be addressed to the appropriate secretaries. *Recording Secretary*—William B. Atkinson, 1400 Pine Street, Philadelphia; *American Corresponding Secretaries*—Daniel C. Brinton, 2027 Arch Street; Wm. Goodell, Twentieth and Hamilton streets; *Foreign Corresponding Secretaries*—Richard J. Dunglison, 814 north Sixteenth Street; R. M. Bertolet, 113 south Broad Street.

Executive Committees for the States—R. D. Arnold, Savannah, Ga.; H. F. Askew, Wilmington, Del.; William O. Baldwin, Montgomery, Ala.; Fordyce Barker, New York; Surg.-Gen. J. K. Barnes, U. S. A.; Roberts Bartholow, Cincinnati, Ohio; Robert Battey, Rome, Ga.; Surg.-Gen. Joseph Beale, U. S. N.; S. M. Bemiss, New

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